

Name  
in  
Full

Benjamin Pearce Almy

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near White Hall<sup>County</sup> Baltimore

MARYLAND

Date  
of death 1908Month  
2Day  
21Age  
—Months  
7Days  
22Sex  
MaleColor or  
Race WhiteBirth-  
place MarylandOccupation  
noneWhere Residing if not  
at place of death —Married, Single  
or Widowed SingleName of Wife or  
Husband —Father's  
Name Stanley P. AlmyFather's  
Birthplace Md.Mother's  
Maiden Name Bettie AlmyMother's  
Birthplace Md.Name of person giving  
In formation Bettie AlmyHow related  
to deceased Mother

## CAUSES OF DEATH

61

Primary  
Chloroform MeningitisHow long  
2 years

Immediate

How long  
monthsAre the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician W. Millard Stirling

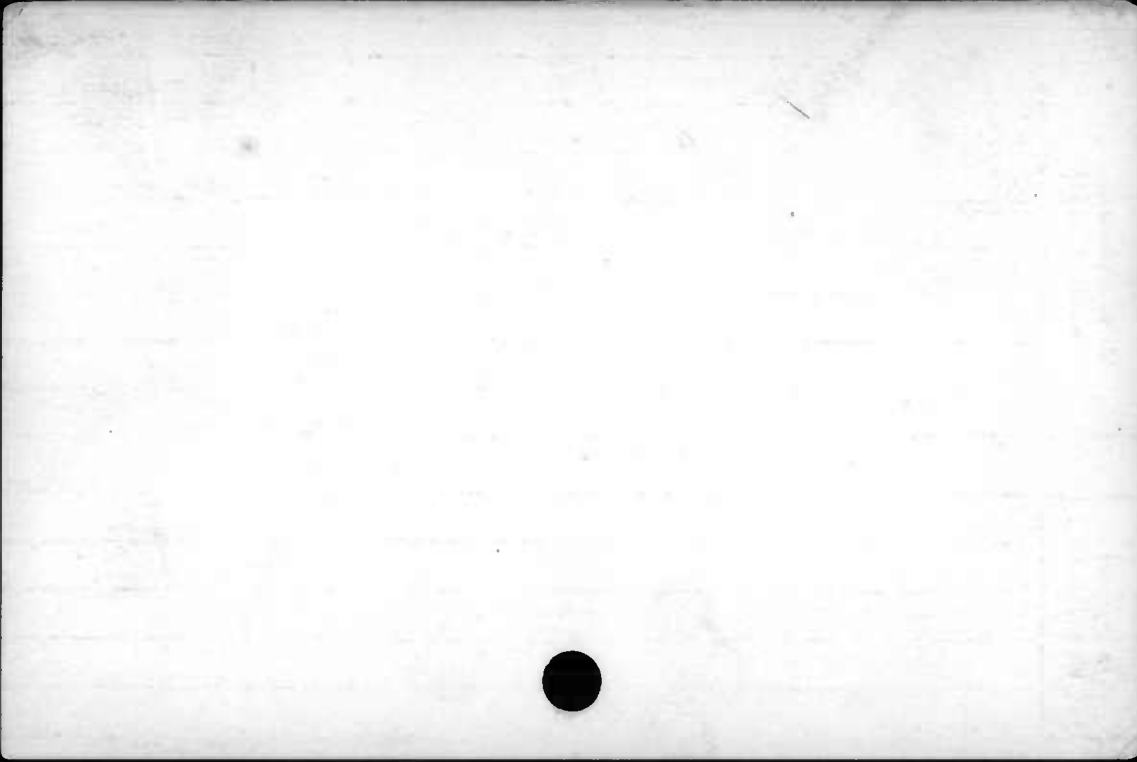
Address

Shane  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

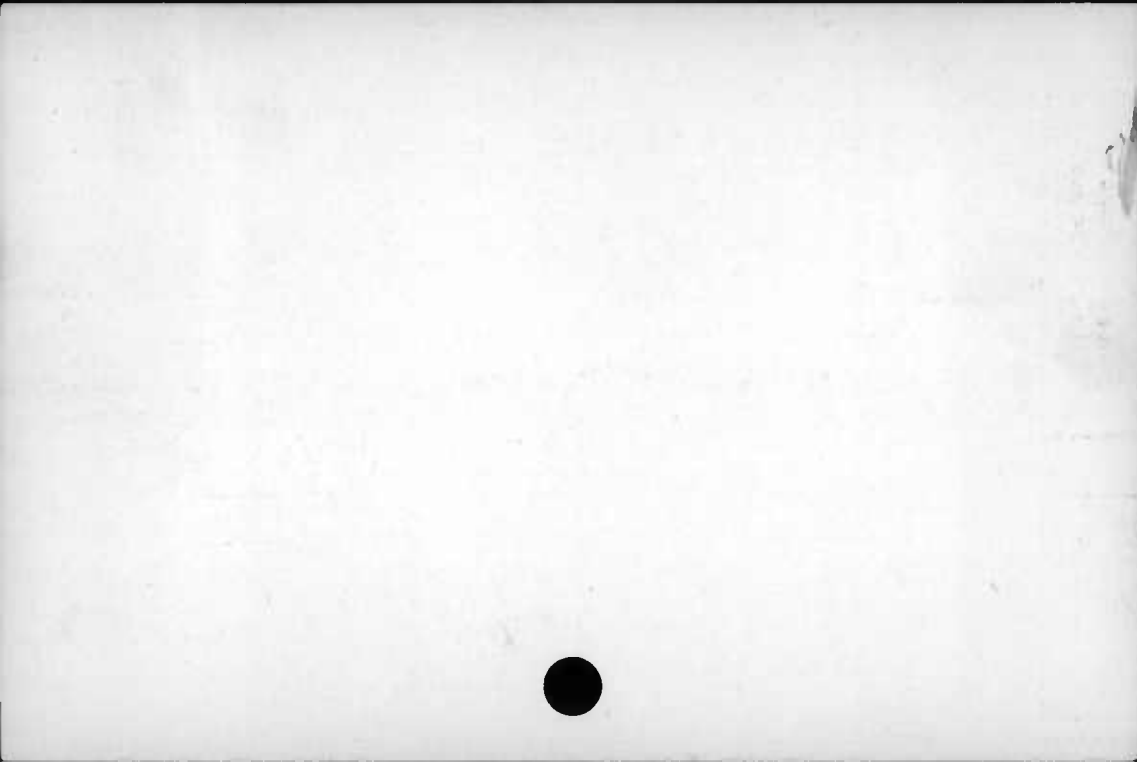
Died at <i>Catonsoelle</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>78</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Indiana</i>				
Occupation <i>Retired Steamboat Capt</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>				Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>				Mother's Birthplace <i>not known</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>Several years</i>
Immediate <i>Hypostatic pneumonia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John F. Guadry M.D.</i>
	Address <i>Catonsoelle Md.</i>
Accident or Suicide?	



Name  
in  
Full

Elsie Susie Bachmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highland</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>Feb.</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	<u>11</u> <sup>Age</sup>	<u>4</u> <sup>Months</sup>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Schoolgirl</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Adam F. Bachmann</u>		Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>Mary E. Berkenmeier</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving information <u>Mary E. Bachmann</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia &amp; Nephritis</u>	How long <u>5 days</u>
Immediate <u>Cardiac Asthenia</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. B. Linnear M.D.</u>
	Address <u>742 N. Patterson Pl. Ave.</u>
	<u>Baltimore Md.</u>
Accident or Suicide? <u></u>	

Dr. Lemman  
Patterson Park Ave near  
Madison St.

Mt Carmel

March 1<sup>st</sup> 1908

H. Sander & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

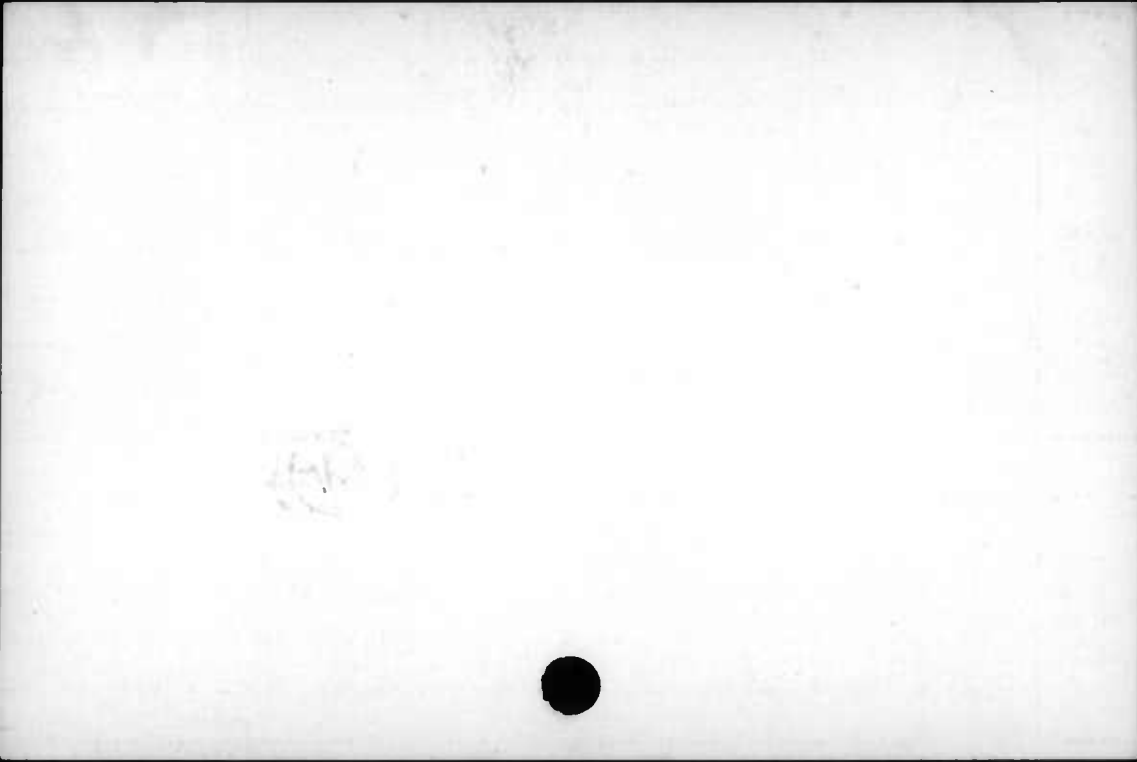
Died at <i>white Marsh</i> Town		<i>Bales</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>3</i>	Age <i>73</i>	Months <i>✓</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Elizabeth Baker</i>			
Father's Name <i>Isiah Baker</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Baker</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Walter Proctor</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>2 days</i>
Immediate	<i>" "</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. F. H. Gosnell M.D.</i>	
		Address	
		<i>Fork Md -</i>	
Accident or Suicide?			





Name  
in  
Full

Bartholemew

Balls

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Govans town<sup>County</sup> Baltimore

MARYLAND

Date of death 1908 Feb 5

Age 66

Months

Days

7 6  
Govans town

Sex Male

Color or  
Race

White

Birth-  
place

Occupation Meat dealer

Where Residing if not  
at place of deathMarried, Single  
or Widowed MarriedName of Wife or  
Husband

Rebecca Arthur Balls

Father's  
Name

John Balls

Father's  
Birthplace

England

Mother's  
Maiden Name

Ann Cross

Mother's  
Birthplace

Baltimore Co

Name of person giving  
Information

Grace M. Balls

How related  
to deceased

daughter

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

How long

20 minutes

Immediate

Heart weakness

How long

Instantly

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. H. Duncan

Address

Govans town Md.

Accident or Suicide?

St Mary's. Goranstown

H. C. Wickfield

Feb 1888

Name  
in  
Full

Miss Catherine Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

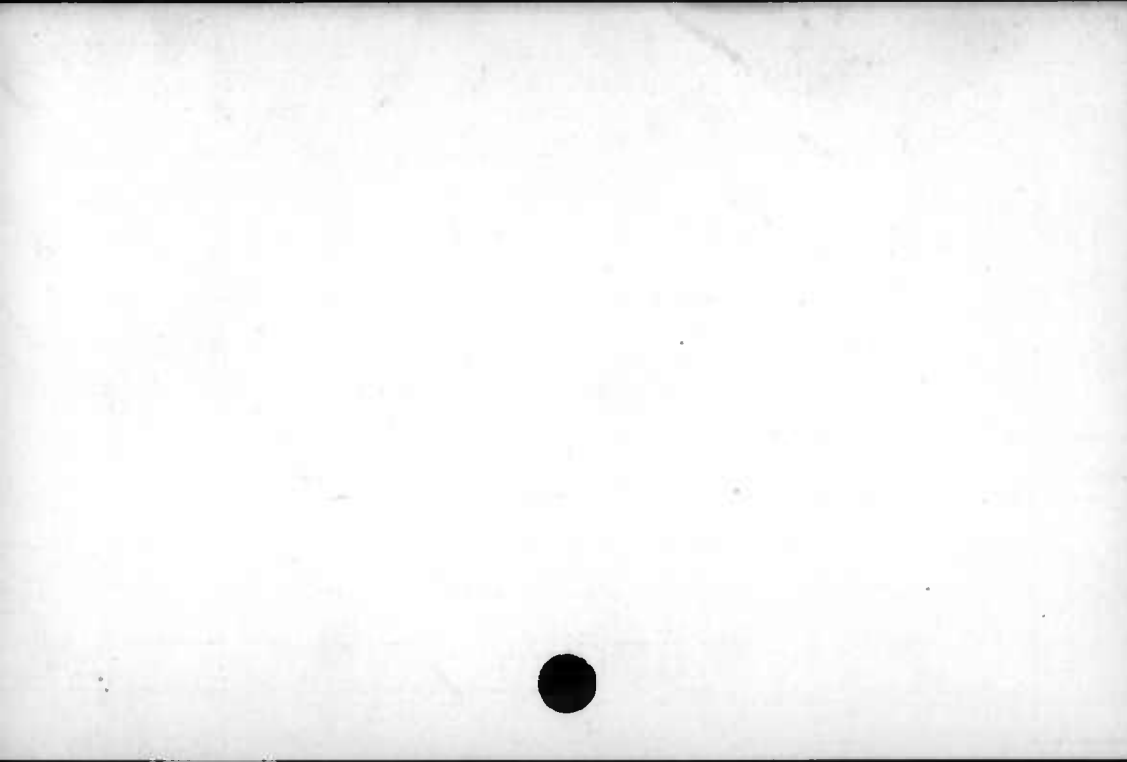
Died at <i>Chilopoles</i> Town		<i>T. Davis Co</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>2</i>	Day	<i>25</i>
Age		<i>87</i>	Years	<i>9</i>	Months
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation		<i>House wife</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>James Barry</i>			
Father's Name	<i>Thomas Hartigan</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Hanna Hartigan</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Miss Mary Barry</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

1574

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of old age</i>	How long	
Immediate	<i>Pulmonary Edema</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>B. M. Sherman</i>	
Address		<i>Glencoe, Md.</i>	
Accident or Suicide?			



Name in Full		Lara Bostwick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Lorson		Bulto.		MARYLAND		
		Date of death		1908	Month	Feb.	Day	7
		Age		23	Years	2	Months	—
		Sex		Female	Color or Race	Col	Birth-place	W.D.
		Occupation		Housewife		Where Residing if not at place of death		
		Married, Single or Widowed		Married	Name of Wife or Husband			
		Edward Bostwick		Father's Name		Thomas Lewis		Father's Birthplace
Mother's Maiden Name		Laura Lewis		Mother's Birthplace		W.D.		
Name of person giving information		Evel. Bostwick		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		"Griff"		How long		
		Immediate		Cardiac Arteriosclerosis		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		12 days		
		Signature of Physician		J. Boynton Lewis M.D.		2 hours		
		Address		Lorson W.D.				
Accident or Suicide?								

Providence <sup>Brunswick</sup> - Ind

Robert A Elliott

undertaken

50% Rogers for  
Baltimore

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

A. H. Daughan

Died at *Caronville* TownCounty *Baltimore*

MARYLAND

Date  
of death *1908*Month *Feb*Day *9*Age *52* Years

Months

Days

Sex *male*Color or  
Race *white*Birth-  
place *Virginia*Occupation *Motor man Electric Co*Where Residing if not  
at place of death *Baltimore**713 E Preston St*Married, Single  
or WidowedName of Wife or  
Husband *Not known*Father's  
Name *Not known*Father's  
Birthplace *Not known*Mother's  
Maiden Name *Not known*Mother's  
Birthplace *Not known*Name of person giving  
information *From History given by*How related  
to deceased

## CAUSES OF DEATH

28

Primary *Neuralgia*How long *Since Feb*Immediate *T.B. Meningitis*How long *10 days or so*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *John F. Ludwig M.D.*Address *Caronville*

Accident or Suicide?





Name  
in  
Full

George Allin Beard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>River</u> <sup>Town</sup>		<u>Bald</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	2	Day	28
Age		60		Years	
Sex	Male	Color or Race	Colored	Birth-place	Bald Co.
Occupation	Laborer	Where Residing if not at place of death		Lumberton	
Married, Single or Widowed	Widowed	Name of wife or husband	Not known		
Father's Name	John Beard	Father's Birthplace	Bald Co.		
Mother's Maiden Name	Mary E Beard	Mother's Birthplace	Not known		
Name of person giving information	John Beard	How related to deceased	Brother		

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	Crushed by stone	How long	Immediate
Immediate	Fractured skull	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. B. Herbert
		Address	River, Ind.
			Joseph B. Herbert Coroner
Accident or violence?			

Wm. L. Brooks

Philapolis  
8th Dist.

Interment

Gaetano Chapel  
near Oregon.

Name  
in  
Full

Kunigunda Behr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>Feb.</i>	Day <i>20</i>	Years <i>35</i>	Months <i>5</i>	Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>1017 1/2 E. 1st St. Baltimore</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Behr.</i>					
Father's Name <i>John Lindemberger</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Barbara Foertschbeck</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John Behr.</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

26

PHYSICIAN  
OR CORONER

Primary	<i>Laryngeal Tuberculosis</i>	How long	<i>About 1 year</i>
Immediate	<i>As Phemia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. McAvoy MD</i>	
		Address <i>839 S. Canton St.</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Feb. 24<sup>th</sup> 1908.

Germanus France

Undertaker

Name  
in  
Full

Walter W. Belt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *St. Agnes' Hospital* <sup>Town</sup> *Baltimore* <sup>County</sup>

MARYLAND

Date of death *1908 Feb.*Day *3*Age *33*

Months

Days

Sex

*Male*Color or  
Race*white*Birth-  
place*Howard Co.  
Maryland*

Occupation

*Motorman*Where Residing if not  
at place of death*326-Ramday St.*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Louise Belt*Father's  
Name*James E. Belt*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Margaret Hildebrandt*Mother's  
Birthplace*Baltimore City*Name of person giving  
Information*James A. Belt*How related  
to deceased*Brother*

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary

*Appendicitis*

How long

*Two weeks  
after operation*

Immediate

*Intestinal obstruction*

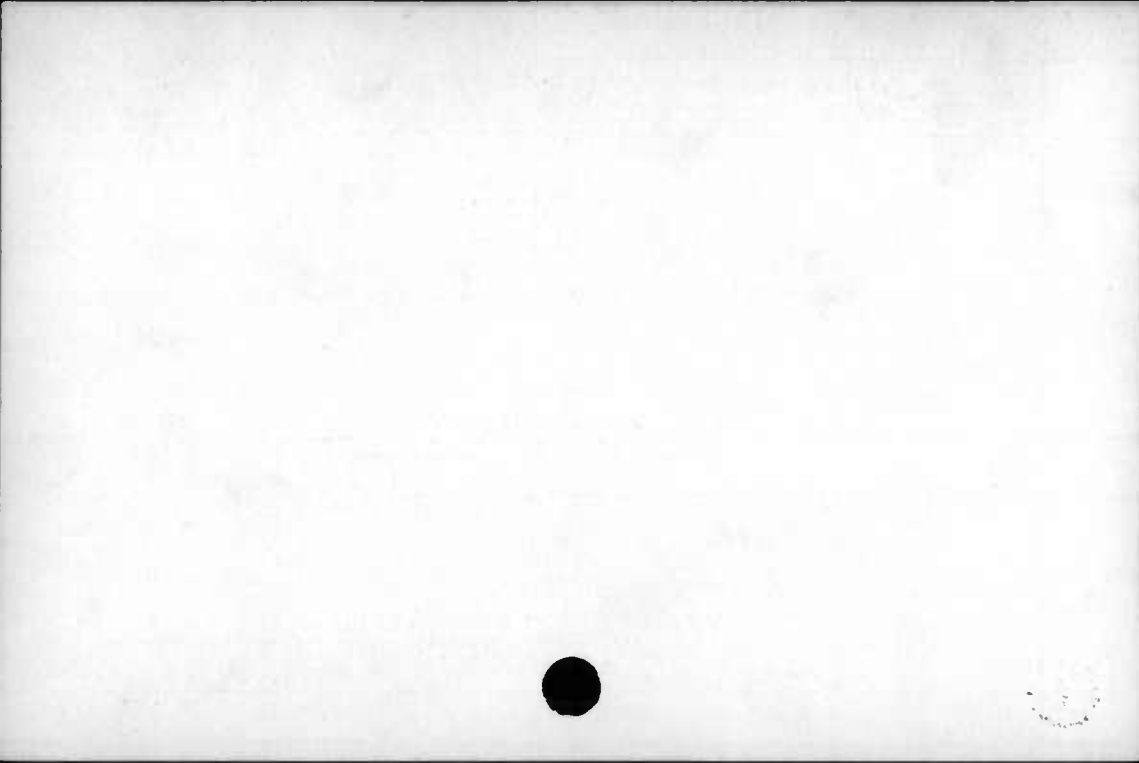
How long

*36 hours  
after operation*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. P. Sandrock*

Address

*St. Agnes' Hospital*

Accident or Suicide?



Name  
in  
Full

Christian Bender

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

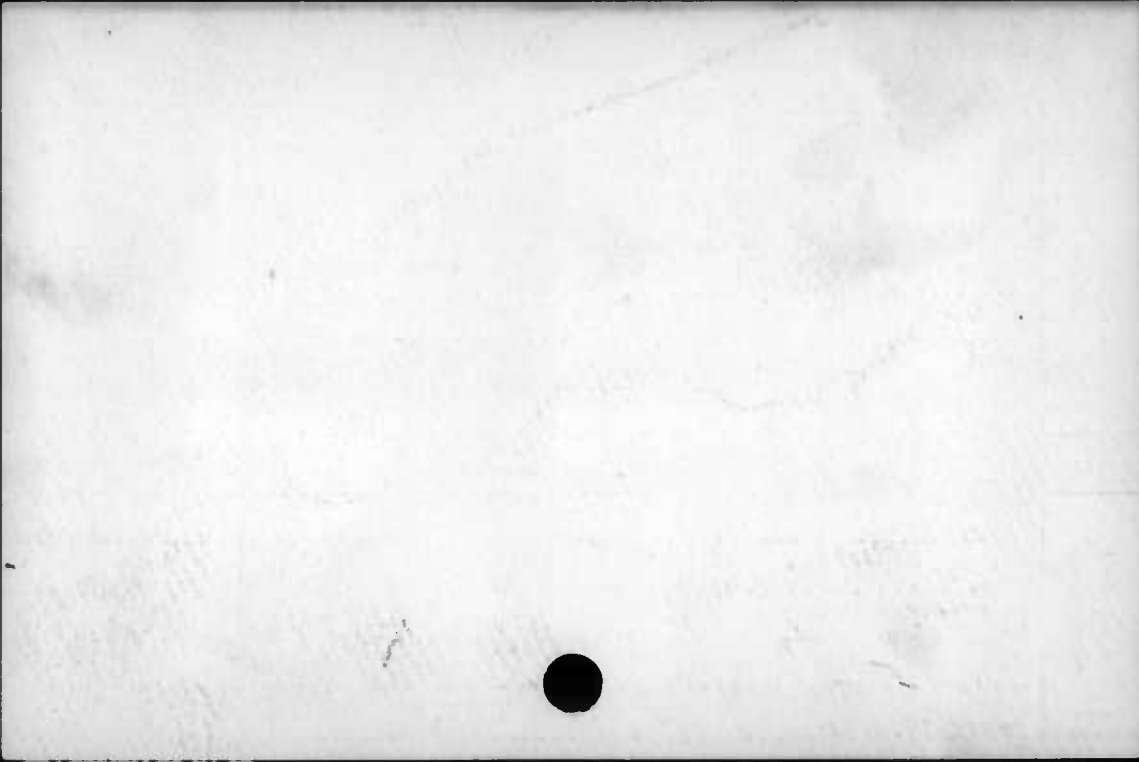
Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>28</i> <small>Years</small>	<i>None</i> <small>Months</small>	<i>None</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>Fireman</i>	Where Residing if not at place of death <i>Lundalk Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Elizabeth Love</i>		How related to deceased <i>Not related</i>		

## CAUSES OF DEATH

95

Primary <i>Congestion of lungs</i>	How long <i>12 hours</i>
Immediate <i>Exposure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>1500 Highland Ave</i>
	<i>Baltimore County Md.</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN  
OR CORONER





Capt. Paul Basta.

Town County  
 Died at # 819 E Lombard St Highlandtown. MARYLAND

Month Day Y. M. D. Native of Occupation  
 Date 1908 Feb. 7 Age 63 years Italy.  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living none.

Husband of Mary Basta.  
 Wife  
 Father's Name not known. Mother's Maiden Name not known.

Cause of Primary Cerebral Haemorrhage How long sick 3 1/2 days -  
 Death Immediate Anna (64) Accident, Suicide, Homicide

Reported by J. C. Bennett M.D.  
 Address 2029 E. Baller St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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C. Y. Hank —

115 E. West St.

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London Park.

Feb. 10/05.

---

Name  
in  
Full

Eugene Blackford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	4th	68			
Sex	Male	Color or Race	White	Birth-place	Virginia		
Occupation	Manager			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Rebecca B. Blackford							
Father's Name	William M. Blackford			Father's Birthplace	Va.		
Mother's Maiden Name	Mary B Minor			Mother's Birthplace	Va.		
Name of person giving information	Eugene Blackford Jr.			How related to deceased	Son.		

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Carcinoma Bladder	How long	About 18 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jewellner	
		Address	
		1 E Centre St	
		City	
Accident or Suicide?			

Dr. Waller - 1 E. Centre St.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Katrina Bold*

Died at *Baltimore* County *Baltimore* MARYLAND

Date of death *1908* Month *Feb.* Day *22* nd Age *37* Years Months *4* Days *2*

Sex *Female* Color or Race *white* Birth-place *Germany*

Occupation *House work* Where Residing if not at place of death *1426 Garrett Ave.*

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *Nicholas Bold*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *(Husband) Nicholas Bold* How related to deceased *Husband*

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *3 weeks*

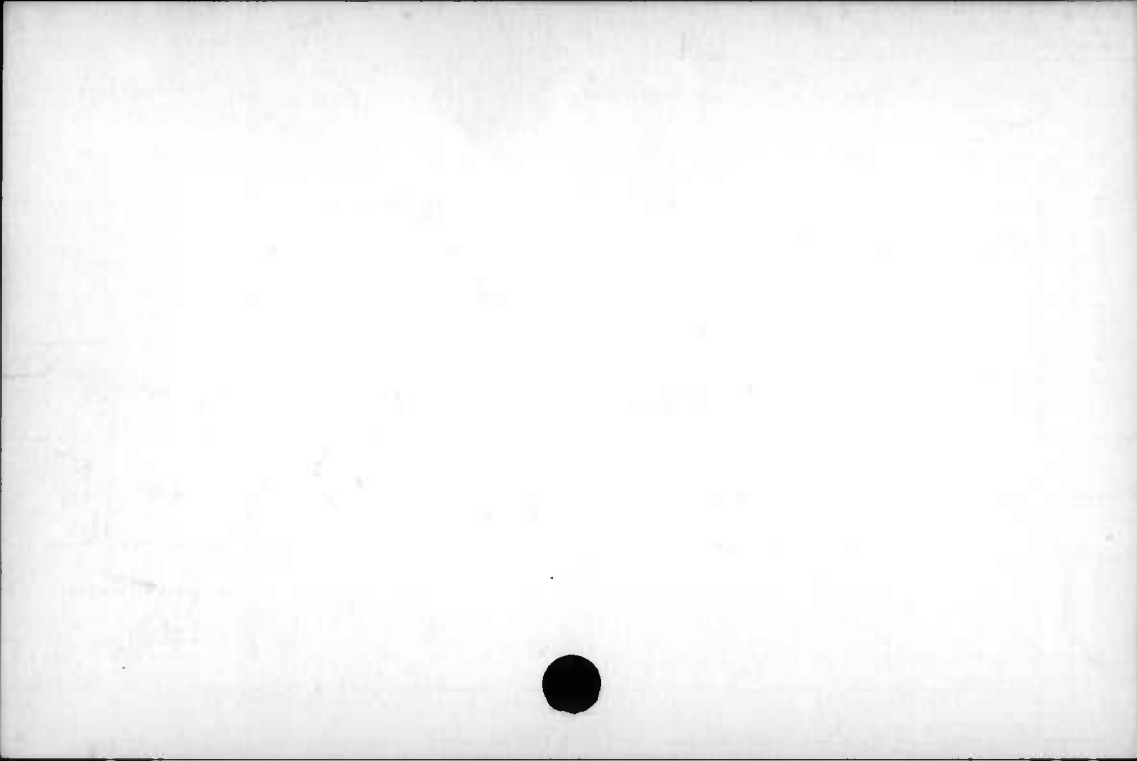
Immediate *Toxaemia from disease* How long *12 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Alex P. Harrison M.D.*

Address *St Agnes Hospital*  
*Baltimore, Md.*

Accident or Suicide? *No.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah Carson Bona</i>		Town <i>Balto</i>		County <i>Cecil Pikeville</i>		MARYLAND	
Died at <i>Balto</i>		Month <i>Feb</i>		Day <i>11</i>		Years <i>61</i>	
Date of death 190 <i>0</i>		Months <i>5</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>Balto Ma</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Joshua B. Bona</i>							
Father's Name <i>Joshua Carson</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Julia Childs</i>		Mother's Birthplace <i>..</i>					
Name of person giving information <i>Carver L. Worley</i>		How related to deceased <i>son in law</i>					

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>		How long <i>6 mos</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. For</i>	
		Address <i>836 W. North Ave</i>	
Accident or Suicide?			

Geo. Y. Smith -  
Lorraine Cemetery

Feb 13<sup>th</sup> - 08



Name  
in  
Full

William C. Braid

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Raprburg</u> Town		<u>Balto</u> County		MARYLAND			
Date of death	<u>1908</u>	Month <u>(2)</u>	Day <u>17<sup>th</sup></u>	Years <u>9</u>	Months <u>3</u>	Days	
Sex	<u>male</u>		Color or Race	<u>White</u>		Birth-place	<u>Maryland</u>
Occupation	<u>—</u>			Where Residing if not at place of death			<u>Raprburg</u>
Married, Single or Widowed			Name of Wife or Husband				<u>—</u>
Father's Name			<u>William Braid Sr</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name			<u>Unknown</u>			Mother's Birthplace	<u>md</u>
Name of person giving information			<u>William Braid</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Inebriate + Epileptio</u>	How long	<u>Since 2<sup>nd</sup> yr</u>
Immediate	<u>Pneumonia</u>	How long	<u>Four weeks</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes.</u>	
Signature of Physician		<u>L. K. Hirschberg</u>	
Address		<u>1937 Madison Ave.</u> <u>Balto., Md.</u>	
Accident or Suicide? <u>—</u>			

Bath Cemetery

Name  
in  
Full

Carl E. Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Balt.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Feb.</u> <sup>Month</sup>	<u>24</u> <sup>Day</sup>	Age <u>2</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>2</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Edward B. Brooks</u>			Father's Birthplace <u>Balt.</u>		
Mother's Maiden Name <u>Mary J. Jechnke</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Edward B. Brooks</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u></u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John H. Jr</u>
	Address <u>704 Capital Hill</u>
Accident or Suicide? <u>Neither</u>	

Trinity Cemetery,  
Feb. 27<sup>th</sup> 1908

H. SANDER & SONS,  
1708-1710 Canton Avenue,  
S. E. Cor. Broadway & Baltimore St.

Name  
in  
Full

Silas Broughton

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at St. George's

Baltimore

Date

1908

Month

Feb.

Day

4

Years

58

Age

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

md

Occupation

Laborer

Where Residing if not  
at place of death

St. George's.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Hannah Broughton

Father's  
Name

George Broughton

Father's  
Birthplace

Howard Co.

Mother's  
Maiden Name

Celia Johnson

Mother's  
Birthplace

unknown

Name of person giving  
information

Hannah Broughton

How related  
to deceased

wife

## CAUSES OF DEATH

179

Primary

Cardiac Failure

How long

Sudden

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

H. M. Blake

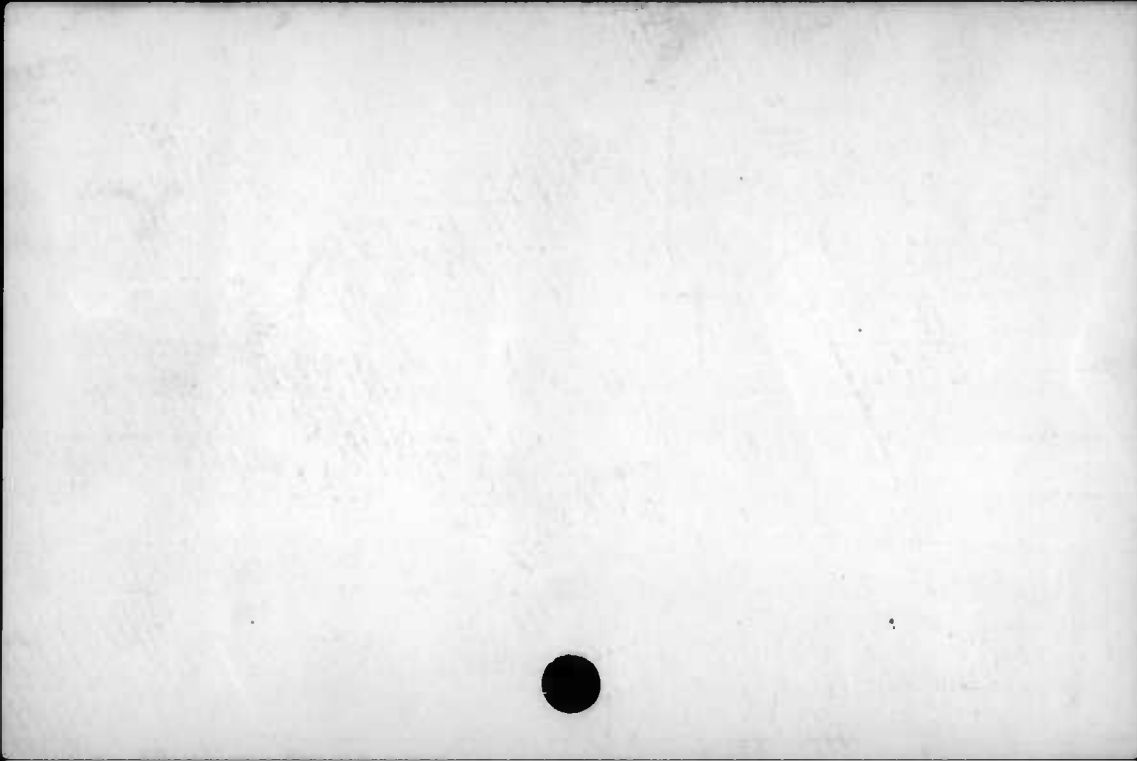
Address

Riverview Inn md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H



Name  
in  
Full

Laura Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Goravstown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb'y</u>	Day <u>11</u>	Years <u>49</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Cook &amp; Laundress</u>		Where Residing if not at place of death <u>At Place of death -</u>			
Married, <del>Single</del> <u>or Widowed</u>	Name of Wife or Husband <u>Israel Brown</u>				
Father's Name <u>Clement Ince</u>	Father's Birthplace <u>Doct Know</u>				
Mother's Maiden Name <u>Elija Brown</u>	Mother's Birthplace <u>Doct Know</u>				
Name of person giving information <u>Israel Brown</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <u>Cancer (pyloric end of stomach)</u>	How long <u>2 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. H. Duncan</u>
	Address <u>Goravstown Md.</u>
Accident or Suicide? <u>No</u>	

Trilix, G. Page

W. H. Board

Mt Zion Lutheran



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

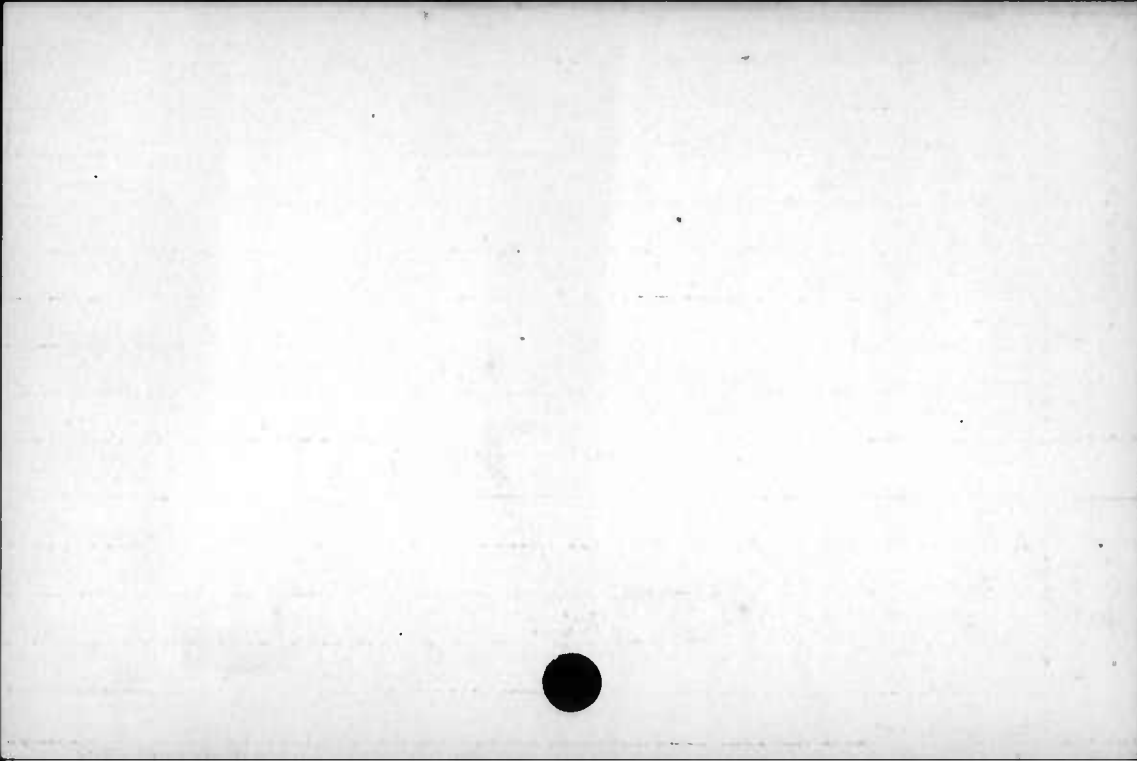
Died at <i>Int Hope Retreat</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Feb</i>	Day	<i>8th</i>
Age	<i>50</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Russia</i>
Occupation	<i>Labour</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Not Known</i>		
Father's Name	<i>Not Known</i>		Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information	<i>Reeds Int Hope Retreat</i>		How related to deceased <i>Not at all -</i>		

## CAUSES OF DEATH

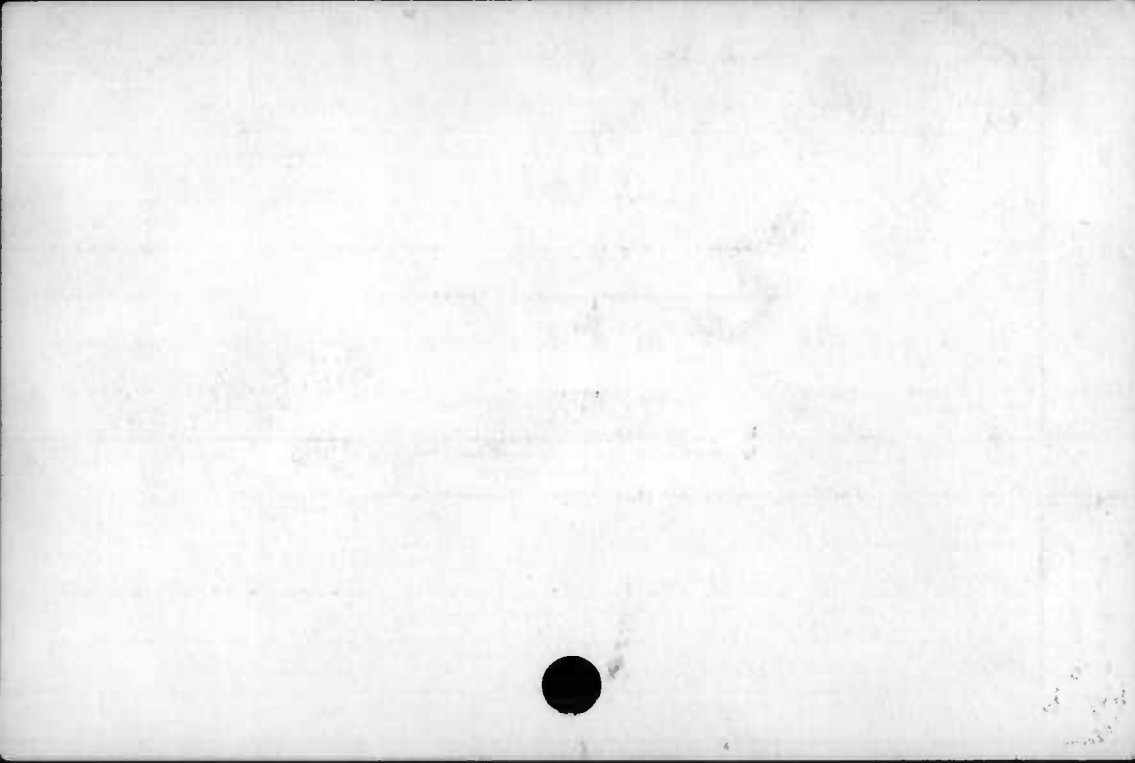
69

PHYSICIAN  
OR CORONER

Primary	<i>Mania Epileptica</i>	How long	<i>Many years</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery M.D.</i>	
		Address <i>Int Hope Retreat</i>	
Accident or Suicide? <i>No</i>			



LIBRARY BUREAU ABB616



Name  
in  
Full

Sister Anne Butlerly

## CERTIFICATE OF DEATH

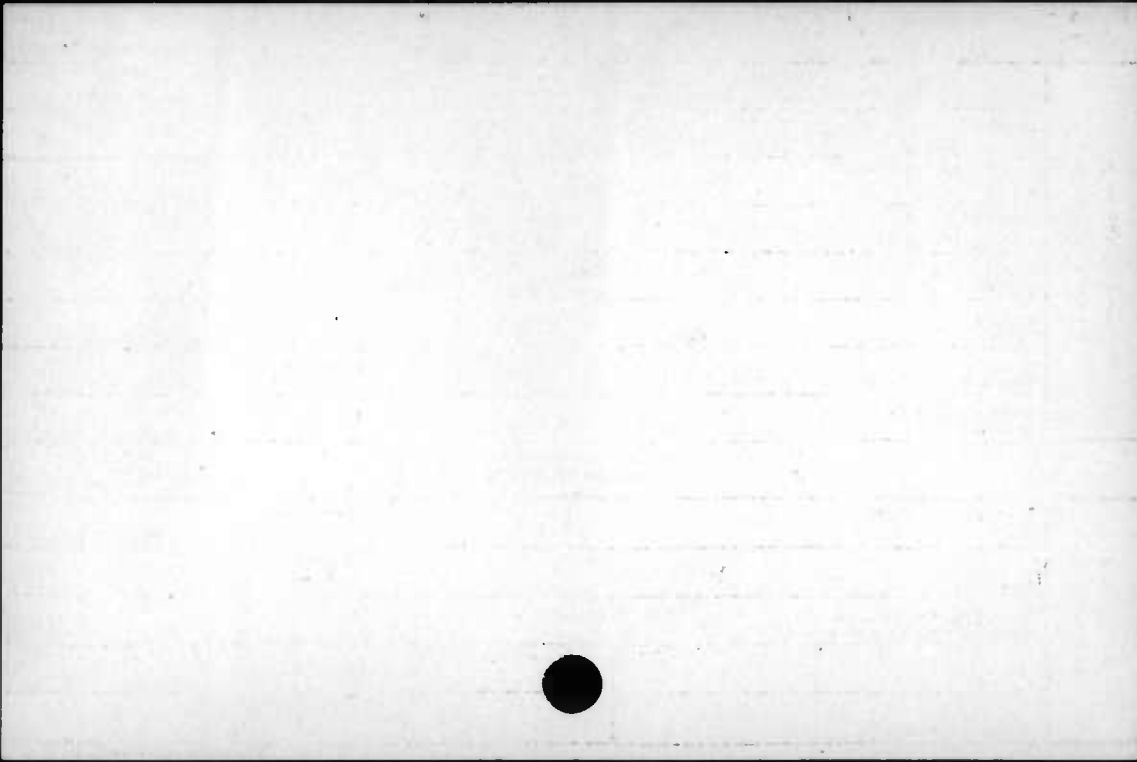
Died at <i>St. Hope Retreat</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Feb</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>New Orleans, La.</i>
Occupation	<i>Sister of Charity</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Not Known</i>		
Father's Name	<i>Not Known</i>			Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>"</i>	<i>"</i>	Mother's Birthplace	<i>"</i>	<i>"</i>
Name of person giving information	<i>Reeds, Mt Hope</i>			How related to deceased	<i>Not at all</i>

## CAUSES OF DEATH

(66)

Primary	<i>Old Age - Senility</i>	How long	<i>2 months</i>
Immediate	<i>Paralysis</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. B. Gussor</i>
		Address	<i>814 E. Balto.</i>
Accident or Suicide?	<i>No</i>		<i>Ind.</i>

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Annie M Carback

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

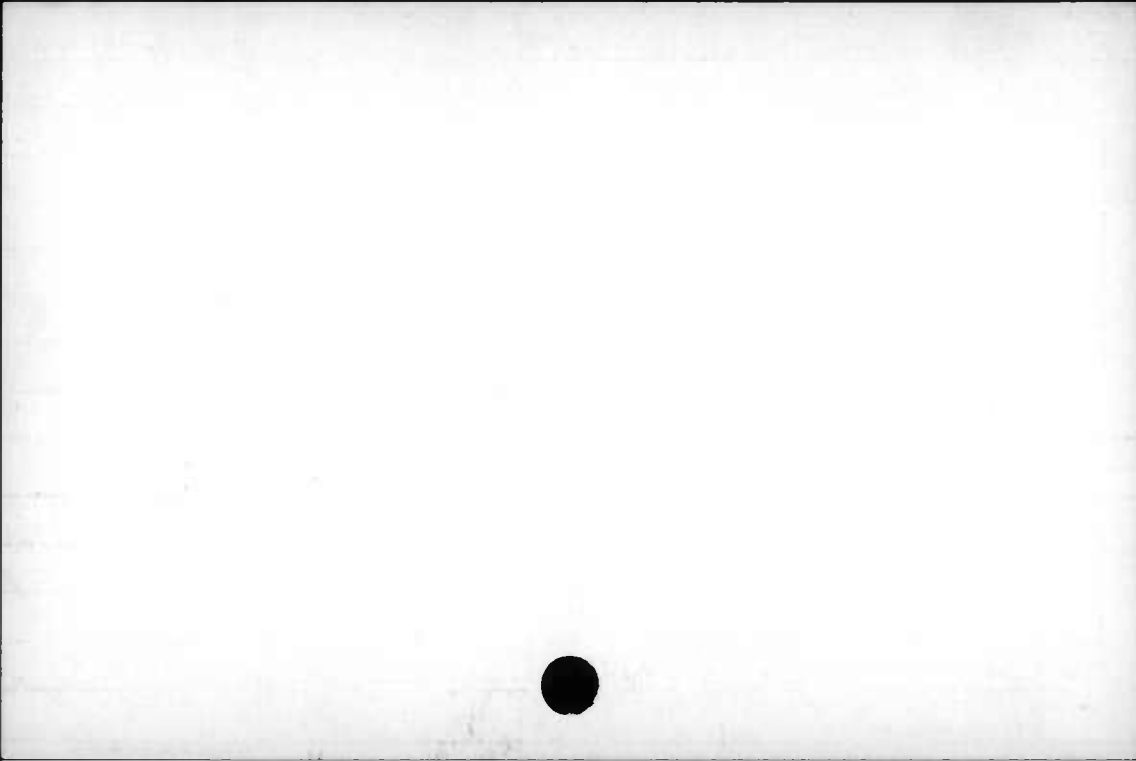
Died at <i>Berwyn</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	Age <i>29</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>18</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Leum</i>		
Occupation <i>HW</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Geo W Carback</i>			
Father's Name <i>Geo Carrigan</i>			Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Ellen Hickey</i>			Mother's Birthplace <i>Ohio</i>		
Name of person giving information <i>Geo Carrigan</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>2 years</i>
Immediate. <i>Ascaridia</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Infant Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

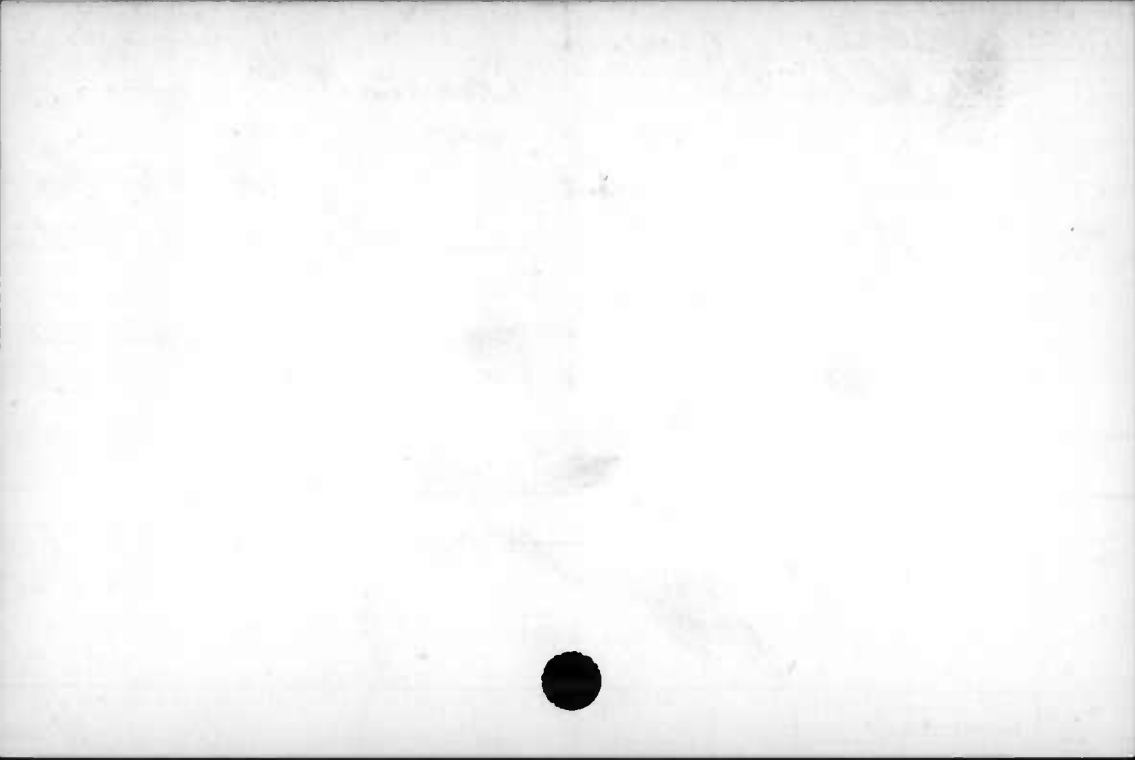
Died at		Town <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		1908	Month <i>Feb.</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>15</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Balt Co. Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Lansdowne Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clinton A. Carter</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Bessie E. Bloomfield</i>		Mother's Birthplace <i>Balt.</i>					
Name of person giving information <i>Clinton A. Carter</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary	<i>Icterus Neonatorum</i>	How long	<i>13 days</i>
Immediate	<i>Starvation &amp; Exhaustion</i>	How long	<i>u e</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank H. Ruhl</i>	
		Address <i>Lansdowne Balt Co. Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Joseph Caution

28 May  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Philopolis</i>		County <i>Balto</i>		MARYLAND	
Date of death		1908	Month <i>2</i>	Day <i>14</i>	Age <i>64</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Balto Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Philopolis Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Caution</i>					
Father's Name <i>Lyke Caution</i>		Father's Birthplace <i>Balto Co Md</i>					
Mother's Maiden Name <i>Margarette Scovins</i>		Mother's Birthplace <i>Balto Co Md</i>					
Name of person giving information <i>Sarah A Caution</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>one day</i>
Immediate	<i>Heat Paralysis</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>Dr. J. B. Bunker</i>	
		Address <i>Lockysville Md</i>	
Accident or Suicide? <i>no</i>			

Funeral at Stevenson  
Chaple Thursday Feb 20

W. E. Brooks

Name  
in  
Full

Edith M. Carey.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cella <sup>Town</sup> Balto <sup>County</sup>

Date of death 1908 <sup>Month</sup> Feb. <sup>Day</sup> 28. <sup>Years</sup> 1 <sup>Months</sup> 3 <sup>Days</sup> no

Sex Female Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death Cella

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John Elsworth Carey Father's Birthplace Maryland

Mother's Maiden Name Florence Espey Mother's Birthplace Maryland

Name of person giving information John E. Carey How related to deceased Father

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary Broncho pneumonia How long 4 weeks

Immediate Exhaustion How long 1 wk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.C. Shriv

Ellicott City

Accident or Suicide?



Name  
in  
Full

Wm J Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roland Park</u> <sup>Town</sup> <u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>27</u> <sup>Age</sup> <u>66</u> <sup>Years</sup> <u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Md.</u>
Occupation <u>Pattern Maker</u>	Where Residing if not at place of death <u>219 B. St Roland Pk</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Rachael C Clark</u>		
Father's Name <u>Jolin Clark.</u>	Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Sarah Gillespie</u>	Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Rachael C Clark</u>	How related to deceased <u>Wife</u>		

CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary <u>Cancer of Stomach</u>	How long <u>Indefinite</u>
Immediate <u>Pneumonia &amp; emphysema</u>	How long <u>Four months +</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R B Verneal M.D.</u>
	Address <u>3547 Chestnut St</u> <u>Baltimore Md</u>
Accident or Suicide?	

Saturday Feb. 29 1908

Baltimore Cemetery

Wm Cook  
502 E North Ave



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Cochran</i>		Town <i>Evergreen</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Evergreen</i>		Date of death <i>1908</i>		Month <i>Feb.</i>		Day <i>21</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Age <i>66</i>		Years <i>66</i>	
Occupation <i>housewife</i>		Birth-place <i>Baltimore Co.</i>		Where Residing if not at place of death <i>Evergreen</i>		Months <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dennis Cochran</i>		Father's Name <i>Wm. Tunnough</i>		Father's Birthplace <i>Parkton.</i>	
Mother's Maiden Name <i>Mary Cropper</i>		Mother's Birthplace <i>Parkton.</i>		Name of person giving information <i>Chas. Jablonowski</i>		How related to deceased <i>Nephew</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia acute</i>		How long <i>3 days</i>	
Immediate <i>Heart &amp; Lung trouble</i>		How long <i>in bed</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry H. Cassidy</i>	
		Address <i>Belmont Park Rd.</i>	
Accident or Suicide?			

Ebenezer. Cemetery  
Hartford Co.

John Burrows  
Towner.

Name  
in  
Full

Agusta Cole -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Owings Mills</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>1</i>	Age <i>1</i>	Years <i>3</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Owings Mills</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Doris Cole</i>	Father's Birthplace <i>Balto. Md</i>				
Mother's Maiden Name <i>Bessie May Cheworth</i>	Mother's Birthplace <i>Balto Md.</i>				
Name of person giving information <i>Doris Cole</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Mal nutrition</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>few days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Henry A. Maylon</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide? <i>H</i>	

Canoe Chapel

Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hicklandton		Baltimore		MARYLAND	
	Date of death	1908	Month 2	Day 15	Age	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Charles H. Conrad				Father's Birthplace	Balto Co.
	Mother's Maiden Name	Mamie Ermer				Mother's Birthplace	Balto Co.
Name of person giving information	Mrs M. Schoening				How related to deceased	Midwife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Premature birth. Y.M.W.				How long	(S)
	Immediate	Still birth				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				3rd St. & Fruit Ave.			

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J. Y. Herwig & Son  
2008 Orleans St.

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Mt. Carmel  
Cemetery.

Feb. 17/08.

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Name  
in  
Full

Abraham S. Cooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

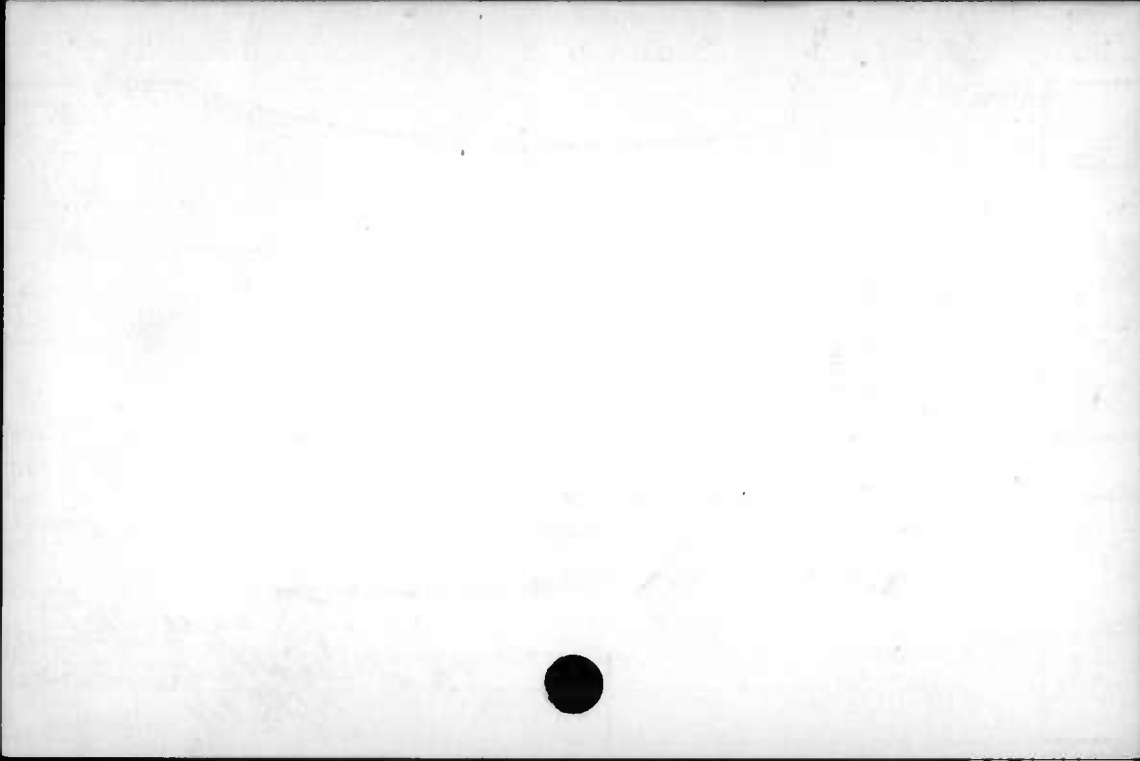
Died at		Town <i>Trenton.</i>		County <i>Baltimore.</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1908.</i>		<i>2</i>	<i>23</i>	<i>75</i>	<i>8</i>	<i>23</i>	
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>White.</i>		<i>Maryland.</i>			
Occupation				Where Residing if not at place of death			
<i>Magistrate.</i>				<i>—</i>			
Married, Single or Widowed		Name of Wife or Husband					
<i>Widower</i>		<i>Penelope Algire.</i>					
Father's Name		Father's Birthplace					
<i>Abraham Cooper.</i>		<i>Ind.</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Carbara Shaver.</i>		<i>Ind.</i>					
Name of person giving information		How related to deceased					
<i>William C. Cooper.</i>		<i>Son.</i>					

## CAUSES OF DEATH

20

PHYSICIAN  
OR CORONER

Primary	<i>Ext. Bruise on hand.</i>	How long	
Immediate	<i>Blood Poison</i>	How long	<i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Jas. H. Niles M.D.</i>	
		Address	
		<i>Yorkburg, Ind.</i>	
Accident or Suicide?			





Name  
in  
Full

*Mrs. Estelle M. Cover*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>8</i>	Age <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Hagerstown Md.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Frank W. Cover</i>			
Father's Name <i>Peter Burns</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Hughes</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Jno. J. Doyle</i>		How related to deceased <i>Brother-in-law</i>			

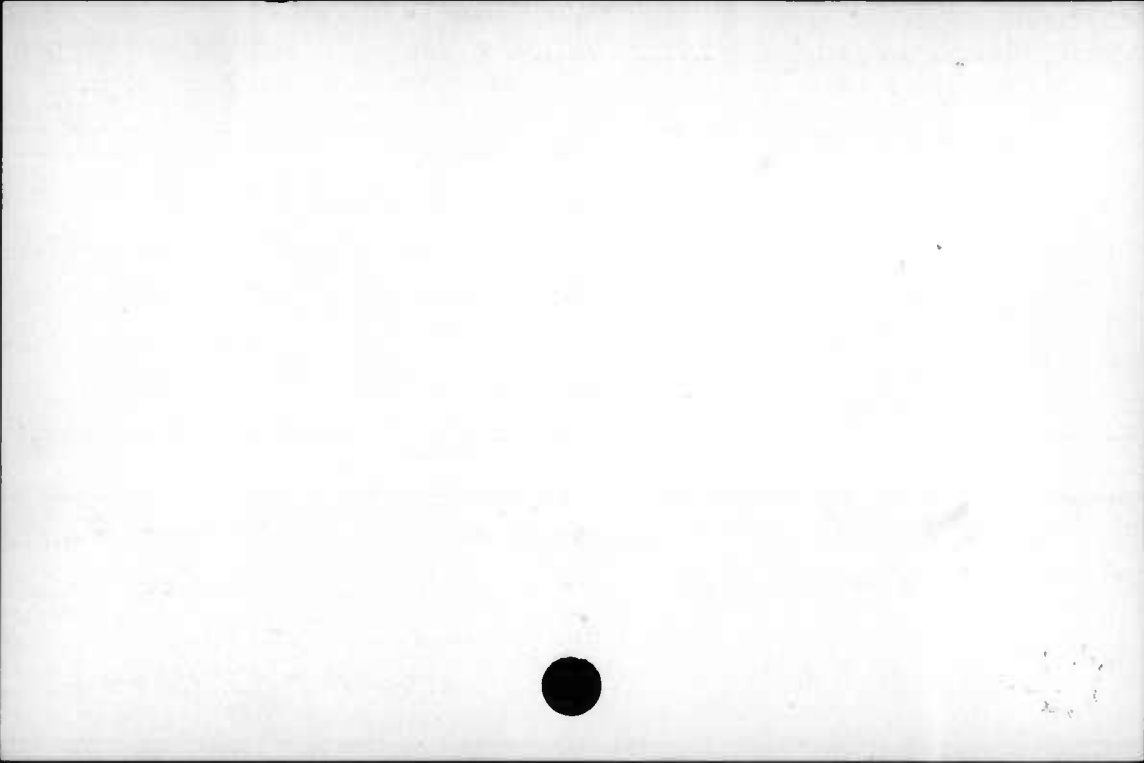
CAUSES OF DEATH

**54**

PHYSICIAN  
OR CORONER

Primary <i>Peruicous Anaemia</i>	How long <i>About 5 mos.</i>
Immediate <i>Heart Failure</i>	How long <i>5 min.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alex. P. Harrison M.D.</i>
	Address <i>St Agnes Hosp. Balto Md.</i>
Accident or Suicide?	

**1**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Anna Catherine Coxon*

Died at *Back River* <sup>Town</sup> *Balto.* <sup>County</sup>

MARYLAND

Date of death *1908* <sup>Month</sup> *Feb.* <sup>Day</sup> *16* <sup>Age</sup> *1* <sup>Years</sup> *5* <sup>Months</sup> *15* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *Balto.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John F. Coxon* Father's Birthplace *Balto*

Mother's Maiden Name *Catherine Keister* Mother's Birthplace *"*

Name of person giving information *John F. Coxon* ✓ How related to deceased *Father*

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary *Capillary Bronchitis* How long *4 days*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. C. Hornum*

Address *156 Milton Ave  
Balt., Md.*

Accident or Suicide? *4*

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W. Sanders & Son.

Dist. Carmel Comitan,

Feb. 18/08.

---

Name in Full		Catherine Cromwell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Canton <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
	Date of death		1908	Feb.	20	Age	34	
	Sex		Female		Color or Race		White	
	Occupation		Housekeeper		Birth-place		Germany	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband			
	Father's Name		H. J. Schudrum		Father's Birthplace			
Mother's Maiden Name		Not known		Mother's Birthplace				
Name of person giving information		Charles Cromwell		How related to deceased			Husband.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div>								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long			about 7 mo.
	Immediate		Exhaustion		How long			1 week.
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician			Geo. Heller M.D.
					Address			1937 Gough St. Baltimore.
Accident or Suicide?								

Dr. Keller,

---

J. Sander & Son,  
Int. Colonial  
Cemetery.

---

Feb. 23/08,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

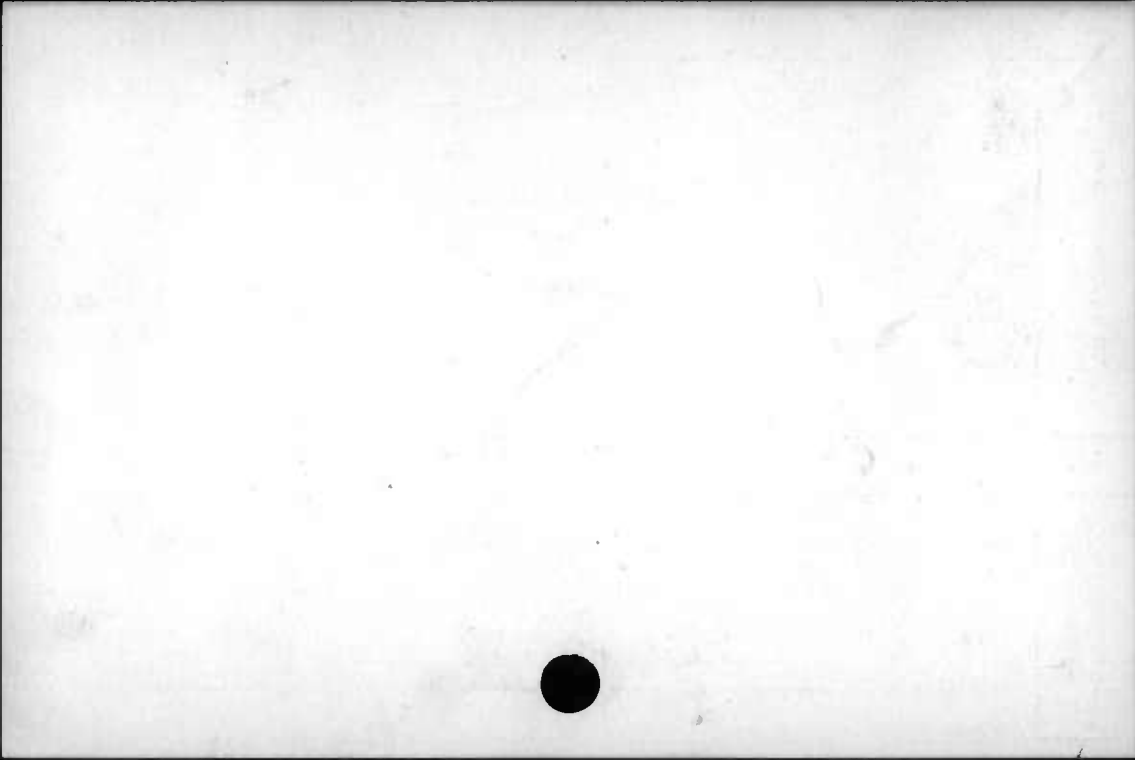
Died at <i>Parkton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>8</i>	Age <i>82</i>	Months <i>9</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death <i>Balto. Md.</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Isaac Cuddy</i>				
Father's Name <i>Johnson</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Blount-Knight</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Samuel Hanson</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>5 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. R. Morris</i>
	Address <i>Parkton Md.</i>
Accident or Suicide? <i>+</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Date

of death

90

Month

8

Day

Thurs

Age

74

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

None

Where Residing if not  
at place of death

Baltimore

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

James Cullen

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Mary Jane Maloy

How related  
to deceased

Not at all

## CAUSES OF DEATH

154

Primary

Dementia Senile

How long

many years

Immediate

Ex-

How long

one year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Frank J. Flannery M.D.

Address

Mt Hope Retreat

Accident or Suicide?

60 years 2 mos

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

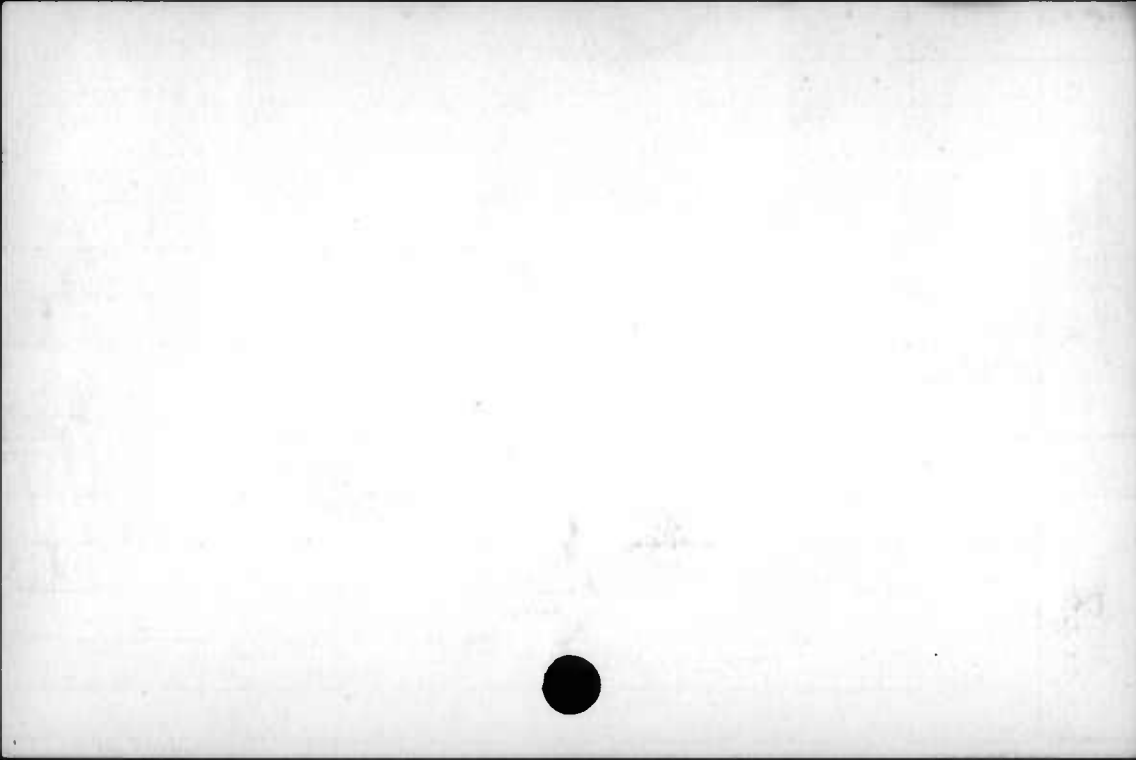
Died at <i>Baldwin</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	Feb.	Day	2
Age	57	Years	2	Months	8
Sex	Male	Color or Race	White	Birth-place	Maryland-
Occupation	R.R. Conductor		Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	William Cursey			Father's Birthplace	Md.
Mother's Maiden Name	Emily Maskell			Mother's Birthplace	Unknown
Name of person giving information	Charles Cursey			How related to deceased	Brother

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>several years</i>
Immediate	<i>Nervous breakdown</i>	How long	<i>more than a year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>John A. Green</i>	
		<i>Stittings, Md.</i>	
Accident or Suicide?			



Name In Full <b>Isiah T. Derricks</b>		CERTIFICATE OF DEATH	
Died at <b>near Glyndon</b> <small>Town</small>		<b>Balto</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>Feb</b> <small>Day</small> <b>13</b> <small>Years</small> <b>69</b>		<b>MARYLAND</b> <small>Months</small> <b>Days</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>	Birthplace <b>Balto co Md</b>
Occupation <b>Farmer</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Alice Derricks</b>	
Father's Name <b>George Derricks</b>		Father's Birthplace <b>Balto co Md</b>	
Mother's Maiden Name <b>Rachel Deren</b>		Mother's Birthplace <b>Balto co Md</b>	
Name of person giving information <b>Joseph Derricks</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
Primary <b>Old age</b>		How long <b>3 mo</b>	
Immediate <b>Exhaustion from fever &amp; influenza</b>		How long <b>3 mo</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. Row Rice</b>	
		Address <b>Glyndon Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

142

To be Buried at Piney Grove

Ballo co ind

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John A Soelle*

Town

County

MARYLAND

Died at *Banton*

*Baltimore*

Date

Month

Day

Years

Months

Days

of death *1908 Feb 25*

*41*

*5*

*26*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Balto Md*

Occupation

*Stone cutter*

Where Residing if not  
at place of death

*203 Second st Banton*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Sophia Harris*

Father's  
Name

*George Soelle*

Father's  
Birthplace

*Germany*

Mother's  
Maiden Name

*Elizabeth Rappel*

Mother's  
Birthplace

*Germany*

Name of person giving  
In formation

*Maggie Lawrence*

How related  
to deceased

*Sister*

CAUSES OF DEATH

*166*

Primary

*Crushed by Rail Road*

How long

Immediate

*engine*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of

*David A. Thompson*

Address

*1500 Highland Ave*

Accident or Suicide?

*Accident*

*Baltimore County Md.*

OR CORONER

St. Mathews Cemetery

Herwig & son

2008 Orleans St.

2/26/08



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Nicolas Daenges

Died at *Crangerville*

Town

*Baltimore*

County

MARYLAND

Date of death *1908 Feb*

Month

Day *13*Age *38*

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place

Occupation

*Contractor*Where Residing if not  
at place of death*Philadelphia Road Crangerville*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*John Daenges*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Elizabeth Emmrich*Mother's  
Birthplace*Germany*Name of person giving  
Information*Mary Roesser*How related  
to deceased*Sister*

## CAUSES OF DEATH

64

Primary

*Apoplexy*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*David A. Thompson*

Address

*1500 Highland Ave**Baltimore County Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

---

H. C. Branning -  
55. Popleton St.

Apel. 13 / 08. -

From Orangeville to  
55. Popleton St. -

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *Michael J. Donovan* Town *Bethesda* County *Baltimore*

Died at *Int Hope Patient*

Date of death *1908 Feb third* Age *60* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Street Paver* Where Residing if not at place of death *—*

Married, ~~Single~~ or Widowed *—* Name of Wife or Husband *Not Known*

Father's Name *Not Known* Father's Birthplace *Unknown*

Mother's Maiden Name *" "* Mother's Birthplace *Unknown*

Name of person giving information *Rec'd Int Hope Patient* How related to deceased *Not at all*

## CAUSES OF DEATH

(95)

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *7 or 8 years -*

Immediate *Pulmonary Congestion* How long *4 or 5 days -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of  
Physician

Address

*Frank J. Flannery M.D.*

*Int Hope Patient.*

*Balt. Co., Md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Andrew Duffy

Died at <sup>Town</sup> Mt Hope Bethesda

<sup>County</sup> Baltimore

MARYLAND

Date of death 1908 Feb 12<sup>th</sup>

Age 58

Months

Days

Sex Male

Color or Race White

Birth-place Ireland

Occupation Laborer

Where Residing if not at place of death Baltimore

Married, Single or Widowed ☒ Married

Name of Wife or Husband

Father's Name Don't Know

Father's Birthplace Ireland

Mother's Maiden Name " "

Mother's Birthplace "

Name of person giving information Records Mt Hope

How related to deceased Not at all.

CAUSES OF DEATH

68

Primary Acute Mania

How long One month

Immediate Heart Exhaustion

How long Three days

Are the name, age, sex, color, date and place correctly given above? Yes

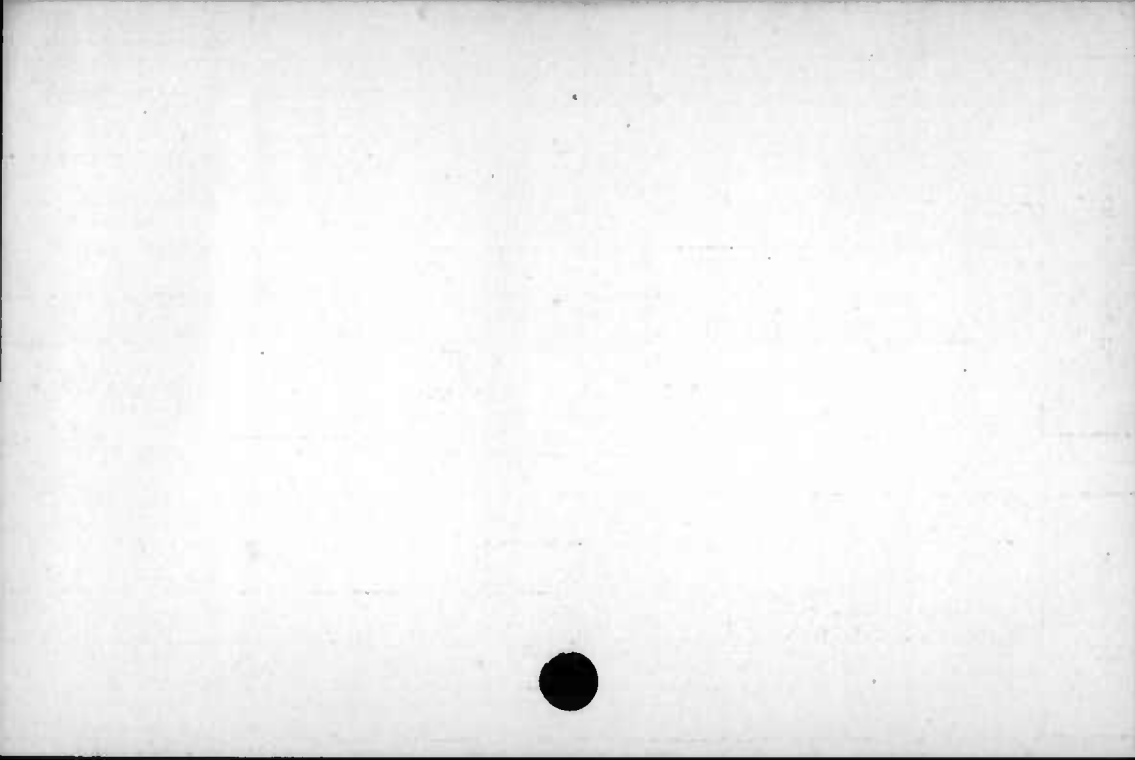
Signature of Physician C. B. Connor M.D.

Address Sta E. Balt.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Miss Catherine England*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *231 Cold Spring Lane, District of Columbia* County *D.C.* MARYLAND

Date of death *1908 Feb. 19* Age *82* Months *3* Days *9*

Sex *F* Color or Race *W* Birth-place *Ind Va.*

Occupation *Spinster* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James England* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Webb* Mother's Birthplace *Ind*

Name of person giving information *Mrs. Lillian Reed* How related to deceased *—*

CAUSES OF DEATH

**164**

PHYSICIAN  
OR CORONER

Primary *Fracture of hip* How long *Today*

Immediate *Gradual Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Harry H. Bessie* Address *Robert P. Bessie*

*Accident, due to a fall.*

Accident or Suicide? *Accident*

Place of burial, Greenmount Cemetery, Balto., Md.

Undertake, Henry W. Mears & Son, Balto., Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

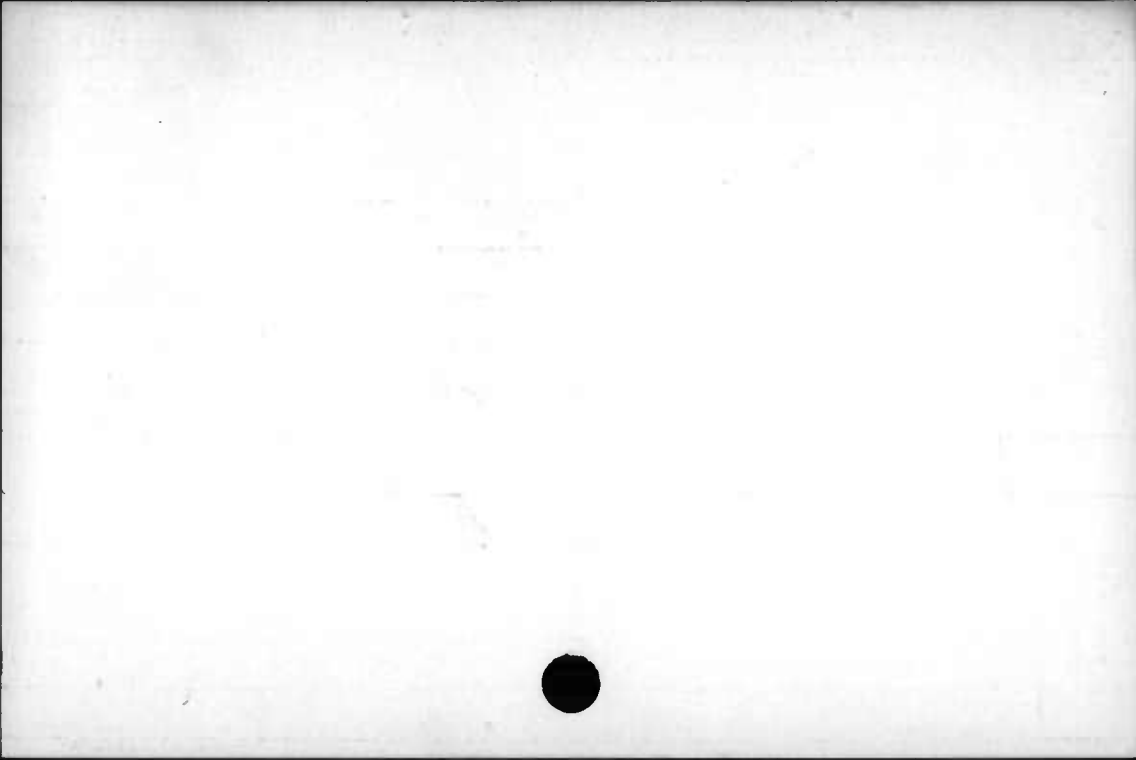
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb	12	18			
Sex	Female	Color or Race	white	Birth-place	Md		
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Lorris Gredant			Father's Birthplace		
Mother's Maiden Name		Leticia Gredant			Mother's Birthplace		
Name of person giving information		E.C. Carrington			How related to deceased		
					none		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	4 weeks
Immediate	Heart-failure	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Jhs		J. F. Gersuch	
		Address	
		Fork Md	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

Anna Helma Earbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Baltimore		MARYLAND	
Date of death 1908	Month 2	Day 1	Age	Years	Months 4
Sex Female	Color or Race White	Birth-place		Baltimore Co	
Occupation	Where Residing if not at place of death		234 Mt Pleasant		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John A. Earbeck			Father's Birthplace	Baltimore
Mother's Maiden Name	Wora Smith			Mother's Birthplace	Baltimore
Name of person giving information	John A. Earbeck			How related to deceased	Brother

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Bronchial Pneumonia	How long	2 weeks
Immediate	Exhaustion	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas L. Gray M.D.	
Address		3 and Gough Highlandtown	
Accident or Suicide?			

Matthew Cadogan  
696 W. Mulberry St.

Oak Lawn Cemetery.  
Feb. 3/08.

Name in Full		Elizabeth S. Famous				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Highlandtown		Baltimore		MARYLAND
	Date of death		1908	Month 2	Day 18	Age 1	Months 21
	Sex		Female		Color or Race		White
	Occupation		—		Birth-place		Baltimore Co.
					Where Residing if not at place of death		231 East Ave
	Married, Single or Widowed		—		Name of Wife or Husband		—
	Father's Name		John Famous		Father's Birthplace		Ma.
Mother's Maiden Name		Elizabeth		Mother's Birthplace		" "	
Name of person giving information		John Famous		How related to deceased		Father	
				CAUSES OF DEATH		(179)	
PHYSICIAN OR CORONER	Primary		Pyrexia		How long		30m.
	Immediate		Aspiration		How long		10 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. C. Schopell		
			Address		1400 Highland Ave		
H		Accident or Suicide?					

Forrest Hill Harford Co. Md

J Herwig son  
9/20/08

Name  
in  
Full

Susie Frank Fowble

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butler</i> <sup>Town</sup>			County <i>Baltimore</i>			MARYLAND		
Date of death <i>1908</i>	Month <i>2</i>	Day <i>21</i>	Age <i>51</i>	Years <i>5</i>	Months <i>7</i>	Days <i>17</i>		
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Eden. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Butler Md.</i>					
Married, Single or Widowed			Name of <del>Wife</del> <i>Lewis M. Fowble</i>					
Father's Name <i>Henry Frank</i>			Father's Birthplace <i>Eden Md</i>					
Mother's Maiden Name <i>Scharlotte Ratz</i>			Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Lewis M. Fowble</i>			How related to deceased <i>Husband</i>					

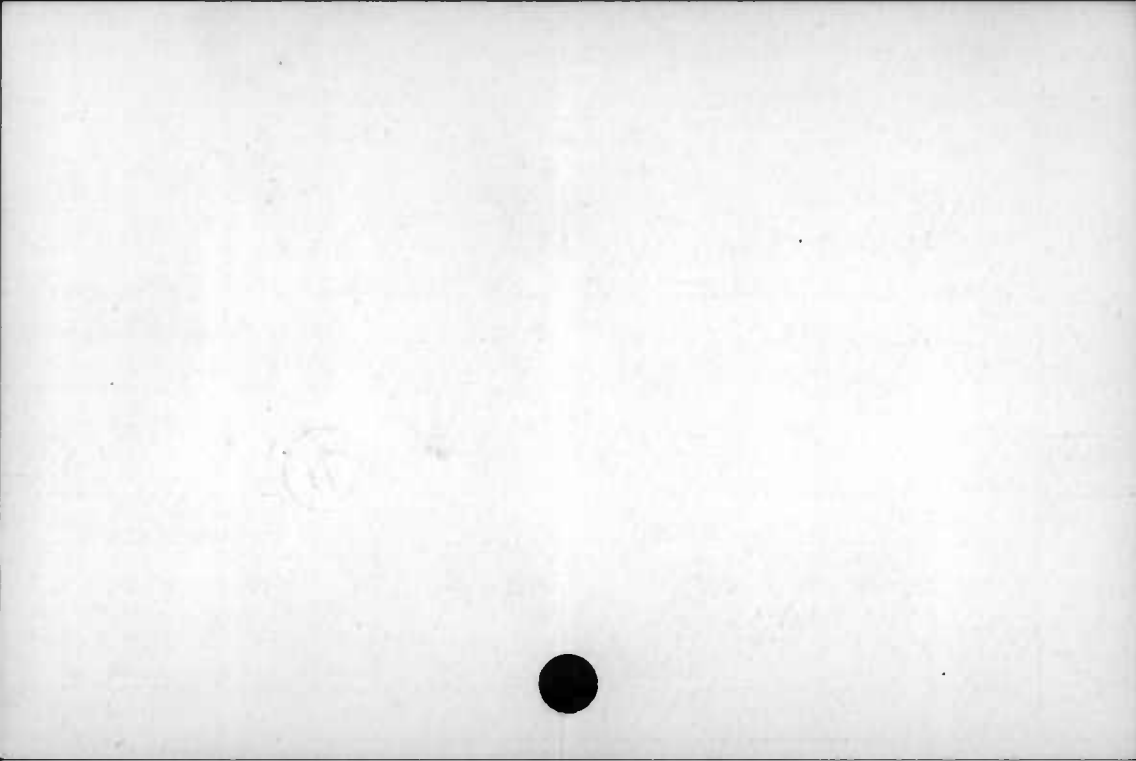
## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Twenty Years</i>
Immediate <i>Exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Drach Md.</i>
	Address

Accident or Suicide?





Name  
in  
Full

Edward Gail

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Feb.</i>	Day <i>15</i>	Age <i>44</i>	Years <i>4</i>	Months <i>8</i>	Days <i>8</i>
Sex	<i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation	<i>Butcher</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife	<i>Catherine Gail</i>			
Father's Name	<i>George Gail</i>			Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>Annie Scherer</i>			Mother's Birthplace	<i>Baltimore</i>		
Name of person giving information	<i>Catherine Gail</i>			How related to deceased	<i>Wife</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>		How long	<i>Two or 3</i>
Immediate	<i>Phthisis Pulmonary</i>		How long	<i>Two or 3</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. C. Scherger, M.D.</i>	
		Address <i>1400 Trust Bk.</i>		
Accident or Suicide? <i>—</i>				

Oak Lawn Cemetery

Feb. 18108

H. Sander & Sons

Name  
in  
Full

Rose Agnes Banon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Calonsville <sup>Town</sup> Belt <sup>County</sup>

Date of death 1908 <sup>Month</sup> Feb <sup>Day</sup> 2 <sup>Age</sup> 1 <sup>Years</sup> 10 <sup>Months</sup> 7 <sup>Days</sup>

Sex Female Color or Race White Birth-place Calonsville

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William J. Banon Father's Birthplace Ireland

Mother's Maiden Name Catherine O'Loughlin Mother's Birthplace "

Name of person giving information Wm J. Banon How related to deceased Father

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary Broncho Pneumonia How long 3 days

Immediate " " How long "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. C. J. Maffei

Address Calonsville Md

Accident or Suicide? No



Name  
in  
Full

Infant of John + Mamie Gorie

## CERTIFICATE OF DEATH

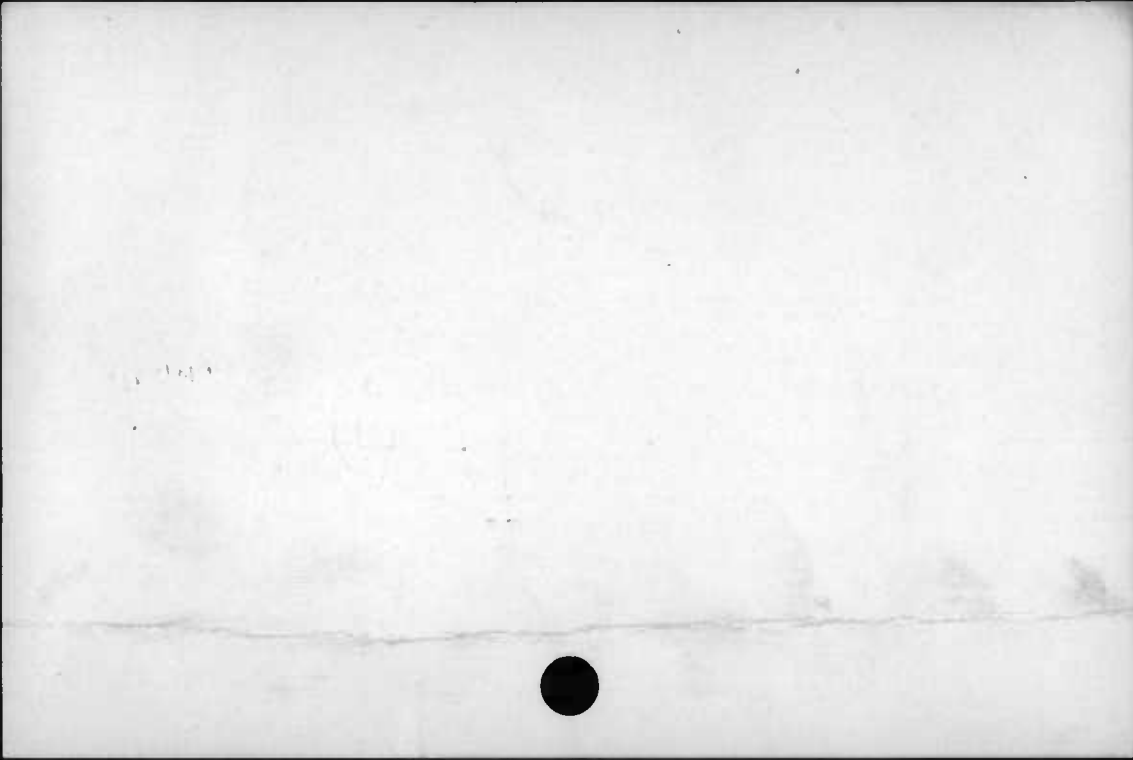
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn Sta</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>13</i>		Age <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Woodlawn</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Gorie</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mamie Sullivan</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>John Gorie</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Born dead</i>		How long	
Immediate <i>Compression of cord</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A.C. Smith</i>	
<i>yes</i>		Address <i>Woodlawn Med.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Ezekiel B. George

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Arlington		Balto.					
Date of death		Month	Day	Age	Years	Months	Days
1908 Feb.		6 <sup>th</sup>		86			
Sex		Color or Race		Birth-place			
Male		White		Balto. Co.			
Occupation		Where Residing if not at place of death					
Sabour							
Married, Single or Widowed		Name of Wife or Husband					
		Elizabeth George					
Father's Name		Father's Birthplace					
John George		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Fanny George		Unknown					
Name of person giving information		How related to deceased					
Harry Klemm		Grand Nephew					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

Old age

How long

Immediate

Sagrippe

How long

Five days

Are the name, age, sex, color, date and place correctly given above?

Yes

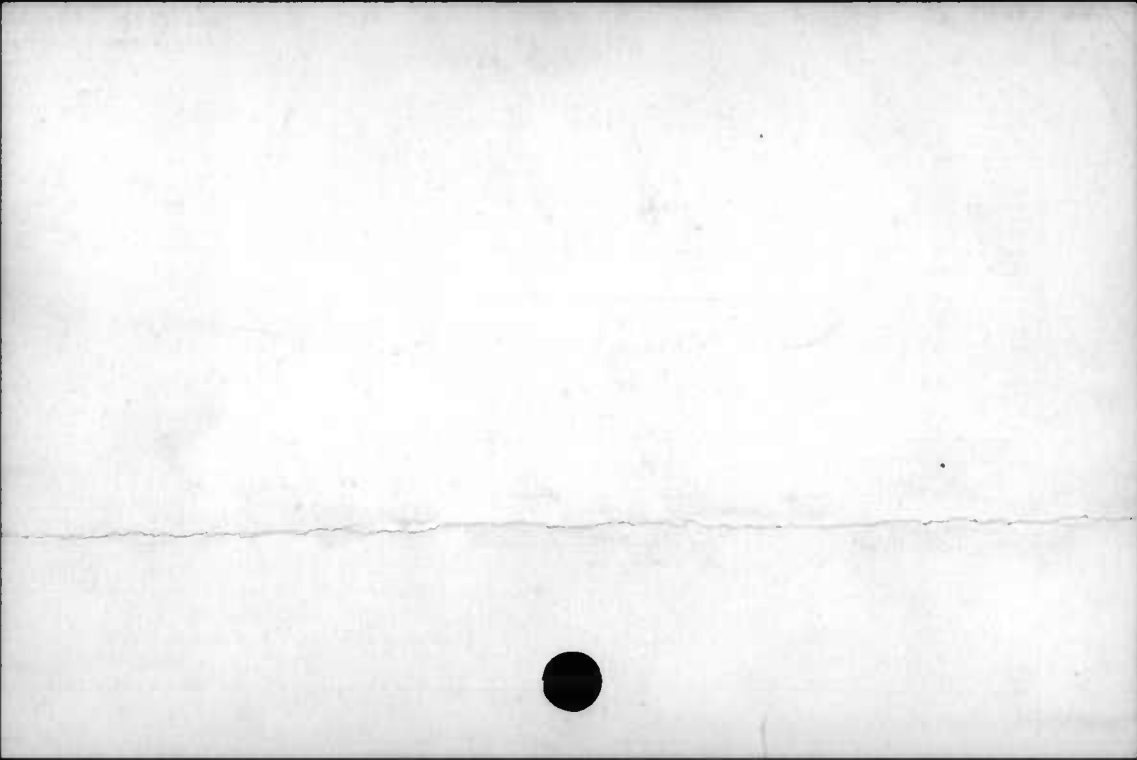
Signature of Physician

Address

C. B. Cusack, M.D.  
Sta. E. Arlington  
Md.

Accident or Suicide?

No





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Miss Mary M. Gibson</i>		Town <i>Lanham</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Witzel Avenue</i>		Date of death <i>1908 February 10</i>		Age <i>24</i>		Months <i>3</i> Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Factory girl</i>		Where Residing if not at place of death <i>Witzel Ave Lanham Balt Co</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas R Gibson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Gibson</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>William H Rider</i>		How related to deceased <i>Friend</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Chittian Perinatal</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A Young Whitbrook M D</i>
	Address <i>257 York Ave Baltimore Md</i>
Accident or Suicide? <i>H</i>	

I. Few M<sup>rs</sup> Bully

39 E. Fort Ave  
Juniata Thursday

London park cemetery

Wednesday at 2<sup>30</sup> P.M.

Name  
in  
Full

## CERTIFICATE OF DEATH

Rose Francis Gilbert

Died at *Towson* <sup>Town</sup>*Balto.* <sup>County</sup>

MARYLAND

Date  
of death *1908*Month  
*2*Day  
*28*Age  
*82*

Years

Months  
*5*Days  
*20*Sex  
*Female*Color or  
Race  
*white*Birth-  
place  
*Harford Co*Occupation  
*House wife*Where Residing if not  
at place of death  
*Towson*Married, Single  
or Widowed  
*Widow*Name of Wife or  
Husband  
*Chas. L. Gilbert*Father's  
Name  
*Chas. L. Kerr*Father's  
Birthplace  
*Ireland*Mother's  
Maiden Name  
*Rose McCaffarty*Mother's  
Birthplace  
*Ireland*Name of person giving  
In formation  
*Mrs Ann. Dixon*How related  
to deceased  
*Sister*

## CAUSES OF DEATH

Primary  
*La Grippe*How long  
*Two weeks*Immediate  
*Apoplexy*How long  
*four days*Are the name, age, sex, color, date  
and place correctly given above?  
*Yes*Signature of  
PhysicianAddress  
*276 S. Garrett*  
*Towson*Accident or Suicide?  
*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
*H*

John Burns Sons  
Towns

Mt. Marie Cemetery  
Towns

Name  
in  
Full

Ida Sill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Boring</u> Town			<u>Bath</u> County			MARYLAND	
Date of death	1908	Month	2	Day	2	Age	40
				Years	10	Months	18
Sex	<u>Female</u>		Color or Race	<u>white</u>		Birth-place	<u>Ind</u>
Occupation	<u>Housewife</u>			Where Residing if not at place of death			<u>—</u>
Married, Single or Widowed	<u>widow</u>		Name of Wife or Husband	<u>Hauer Sill</u>			
Father's Name	<u>Wm. A. Myers</u>					Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Mary Holtz</u>					Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>John Perzyg</u>					How related to deceased	<u>Brother in law</u>

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<u>Stomach trouble, likely Cancer</u>	How long	<u>for some time</u>
Immediate	<u>Anemia</u>	How long	<u>two months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Joett Wilson</u>	
		Address	
		<u>Howblesburg</u>	
Accident or Suicide?			
		<u>Ind</u>	



Name  
in  
Full

Wilferd Gillen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb.</i>	Day <i>4<sup>th</sup></i>	Age <i>—</i> Years	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Thomas Gillen</i>		Father's Birthplace <i>Penna</i>			
Mother's Maiden Name <i>Catharine Schulbe</i>		Mother's Birthplace <i>Balto Md.</i>			
Name of person giving information <i>Thomas Gillen</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Bronch Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Convulsions</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. McCaury</i>	
		Address <i>839 S. Canton</i>	
Accident or Suicide?			

Bachmans Cemetery

Feb 6<sup>th</sup> 1908

Germanus France

Undertaker.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

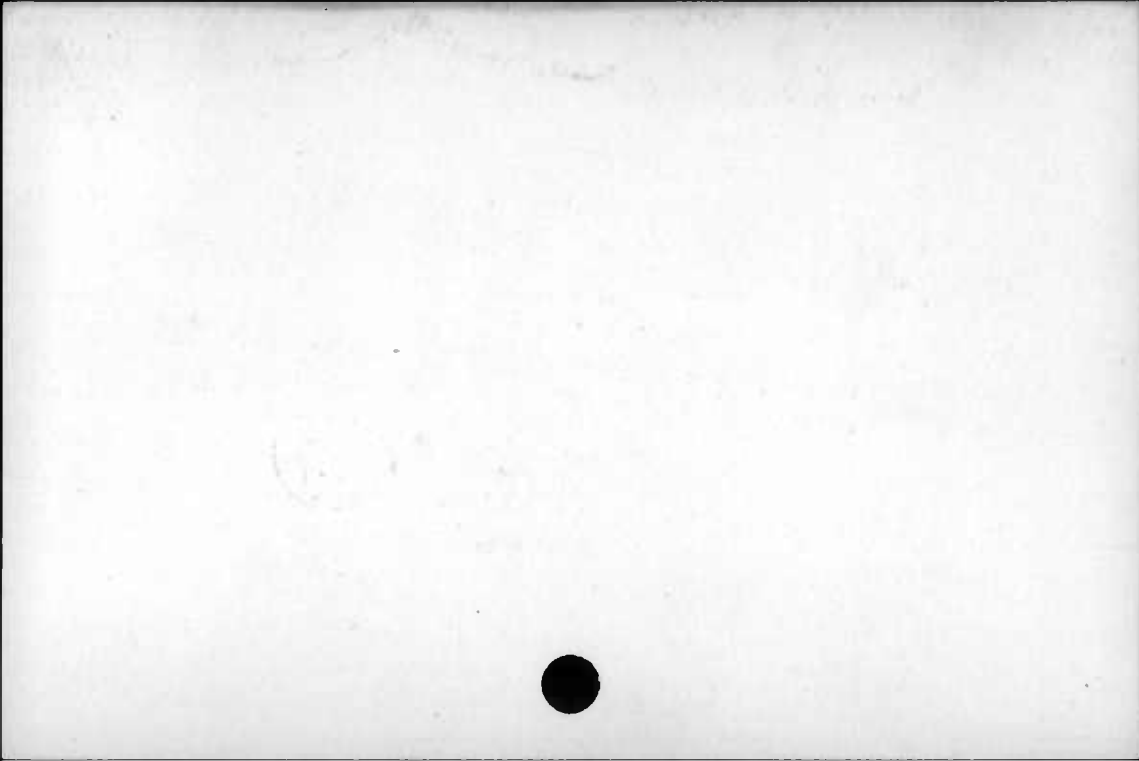
MARYLAND

Died at <i>Leatonsville</i> <sup>Town</sup>		<i>Butte</i> <sup>County</sup>			
Date of death   90 <i>8</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	<i>29</i> <sup>Age</sup>	<i>72</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>Cord</i>	Birth-place <i>Maryland</i>			
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>unk.</i>				
Father's Name <i>unk.</i>	Father's Birthplace <i>unk.</i>				
Mother's Maiden Name <i>unk.</i>	Mother's Birthplace <i>unk.</i>				
Name of person giving information <i>✓</i>	How related to deceased <i>27</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Terminal Dementia</i>	How long <i>6 yrs</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wiley Wade</i>
	Address <i>Leatonsville, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Elizabeth Anna Grim

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1908</i>	<i>Feb</i> <sup>Month</sup>	<i>1</i> <sup>Day</sup>	Age <i>64</i> <sup>Years</sup>	<i>8</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John Grim</i>			
Father's Name	<i>Conrad Reichel</i>			Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>George RCM Kroner</i>			How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Endocarditis</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. C. L. Maffett</i>
		Address	<i>Baltimore Md</i>
Accident or Suicide?	<i>—</i>		

64. 9 - + -

Chas H Priestley.

Salem L Cemetery.

Tuesday 2.30 P.m.

Name  
in  
Full

Cornelius Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>69</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto City</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Catonsville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily Gross</i>				
Father's Name <i>Leonard Gross</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Annice Simpson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Blanche E Gross</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long <i>6 mos</i>
Immediate	<i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Marshall B. West</i>
		Address <i>Catonsville, Md.</i>
Accident or Suicide <i>H</i>		

Alexander Hensley.  
Odd Fellows Cemetery

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Catonville* Town*Baltimore* County

MARYLAND

Date  
of death *1908*Month  
*Feb*Day  
*11*Age *53* Years

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Ta*

Occupation

*Farmer & Fisherman*Where Residing if not  
at place of death*Lynnhall Ta*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Louisa Hall*Father's  
Name*Not known*Father's  
Birthplace*Not known*Mother's  
Maiden Name*Not known*Mother's  
Birthplace*Not known*Name of person giving  
In formation*John Henry & Coe*How related  
to deceased

## CAUSES OF DEATH

**(68)**

Primary

*Acute Mania*

How long

*3  
weeks*

Immediate

*Exhaustion from Acute Mania*

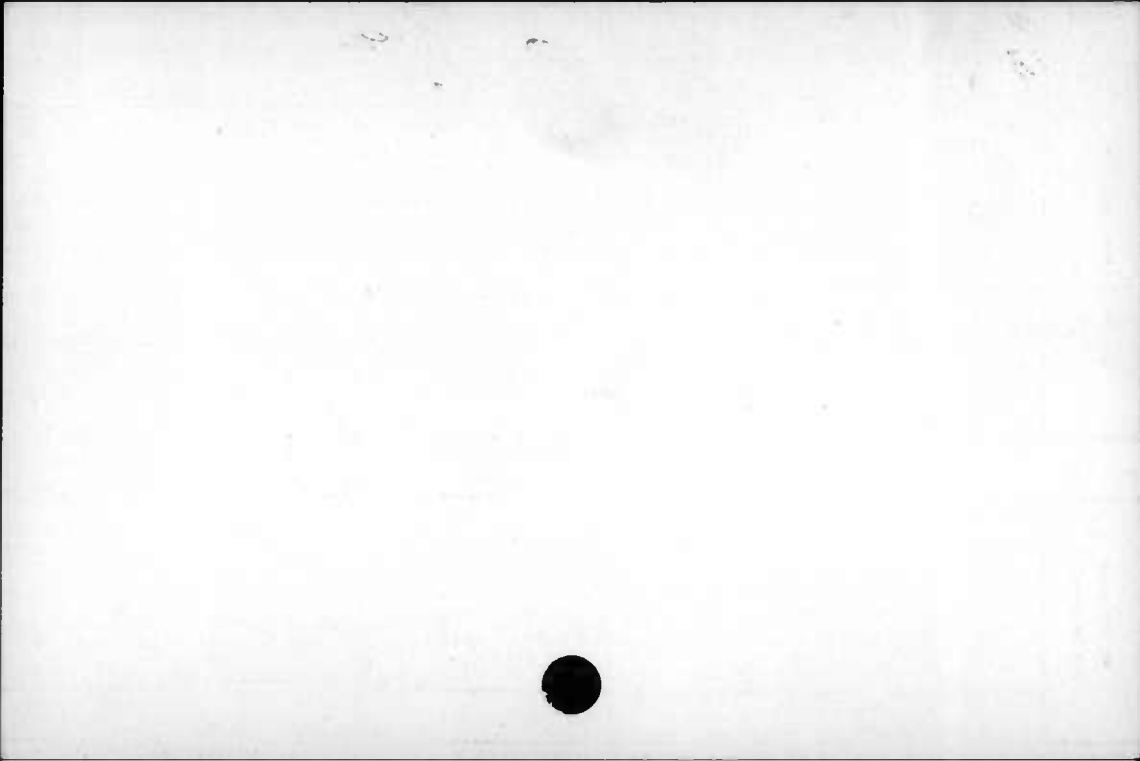
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Richard F. Gray M.D.*

Address

*Catonville Md*

Accident or Suicide?





Name  
in  
Full

George Hamelman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town			<u>Baltimore</u> County			MARYLAND		
Date of death <u>1908</u>		Month <u>Feb.</u>	Day <u>26</u>	Age <u>18</u> Years		Months <u>—</u>		Days <u>20</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balto Co Md.</u>				
Occupation <u>None</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>						
Father's Name <u>Louis Hamelman</u>				Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Margaret Gensler Hamelman</u>				Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Margaret Hamelman</u>				How related to deceased <u>Mother.</u>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>4 years</u>
Immediate <u>Exhaustion (Pulmonary Edema)</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. G. Harman, M.D.</u>
	Address <u>10123 S. Canton St.</u> <u>Balto., Md.</u>
Accident or Suicide? <u>H</u>	

Sacred Heart Cemetery

Feb. 29<sup>th</sup> 1908

Germanus Thane

Undertaker

Name  
in  
Full

Abraham Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lansdowne		County Balt.		MARYLAND	
Date of death	1908	Month 2	Day 15	Age 52	Years	Months	Days
Sex	Male		Color or Race	Colored.		Birth- place	D. C. R. County - Md
Occupation	Laborer			Where Residing if not at place of death		Lansdowne	
Married, Single or Widowed	Widower		Name of Wife or Husband	Emma Hamilton			
Father's Name	Unknown					Father's Birthplace	Md.
Mother's Maiden Name	Unknown					Mother's Birthplace	"
Name of person giving Information	Georgiana Boozel					How related to deceased	Daughter

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Paralysis of Heart		How long	Immediate
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	August W. Miller, Coroner,	
yes		Address	J. M. Winans	
Accident or Suicide?		Balt Co. Md		

Sickman  
Mr Zion Cantor

Name

in  
Full

## CERTIFICATE OF DEATH

Joseph A. Henderson Sr.

Town

County

Died at *Chovana**Balto.*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1908 Feb.*Age *67*

Sex

*Male*Color or  
Race*White*Birth-  
place*Balto.*

Occupation

*Unknown*Where Residing if not  
at place of death*Unknown*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Unknown*Father's  
Name*Wm Henderson*Father's  
Birthplace*Balto.*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
Information*Chas. B. Henderson*How related  
to deceased*Son*

## CAUSES OF DEATH

*120*

Primary

*Nephritis*

How long

*Two years*

Immediate

*Exhaustion*

How long

*Two weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. S. Gorman*

Address

*501 - E - 22nd St.*

Accident or Suicide?

*no**Balto. Md.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Place of Burial  
St. Mary's Cemetery  
Undertaker  
Wm C. Black  
223 S. Broadway

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Arthur Chas Hendrix

Town

County

Date

1908 Feb

Day

4

Age

Years

Months

5

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

C. H. Hendrix

Father's  
Birthplace

MD

Mother's  
Maiden Name

Florence May Taylor

Mother's  
Birthplace

Tenn

Name of person giving  
In formation

C. H. Hendrix

How related  
to deceased

Father

CAUSES OF DEATH

92

Primary

Broncho-Pneumonia

How long

5 days

Immediate

Edema of Lungs

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Jas. L. Jagle  
New Freedom

Accident or Suicide?

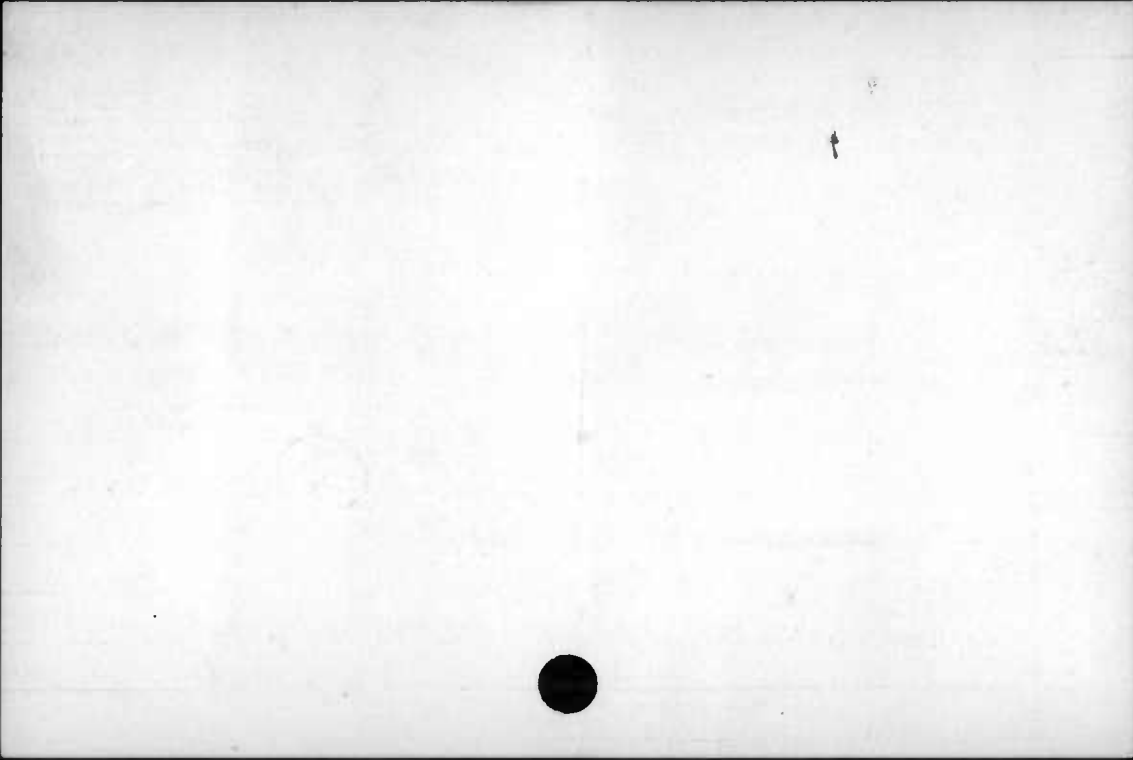
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Pa





Name in Full		Jane Beatrice Holmes				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sparrows Point	County Baltimore	MARYLAND		
		Date of death		1908	Month Feb	Day 9	Years	Months
				Age		30		Days
		Sex		Female		Color or Race		col.
		Occupation				Birth-place		Sparrows Point
		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Joseph Holmes		Father's Birthplace Va		
		Mother's Maiden Name		Willie Bailey		Mother's Birthplace Va		
		Name of person giving information		Joseph Holmes		How related to deceased father		
				CAUSES OF DEATH		(36)		
PHYSICIAN OR CORONER		Primary		Congenital Syphilis		How long since birth		
		Immediate		Bronchitis		How long 3 or 4 days		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician G. C. McCormick M.D.		
				Address Sparrows Point M.D.				
		Accident or Suicide?		no				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Canton

William Henry Homberg  
Baltimore

MARYLAND

Date

of death: 90

8 Feb

5

Years

Months

10 hours

Days

2

Sex

Male

Color

White

Birth-  
place

Baltimore

Occupation

None

at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Frederick Homberg

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Louise Milke

Mother's  
Birthplace

Baltimore

Name of person  
In formation

Louise Homberg

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Unknown

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Oda E Schepfering

Address

203 First Ave

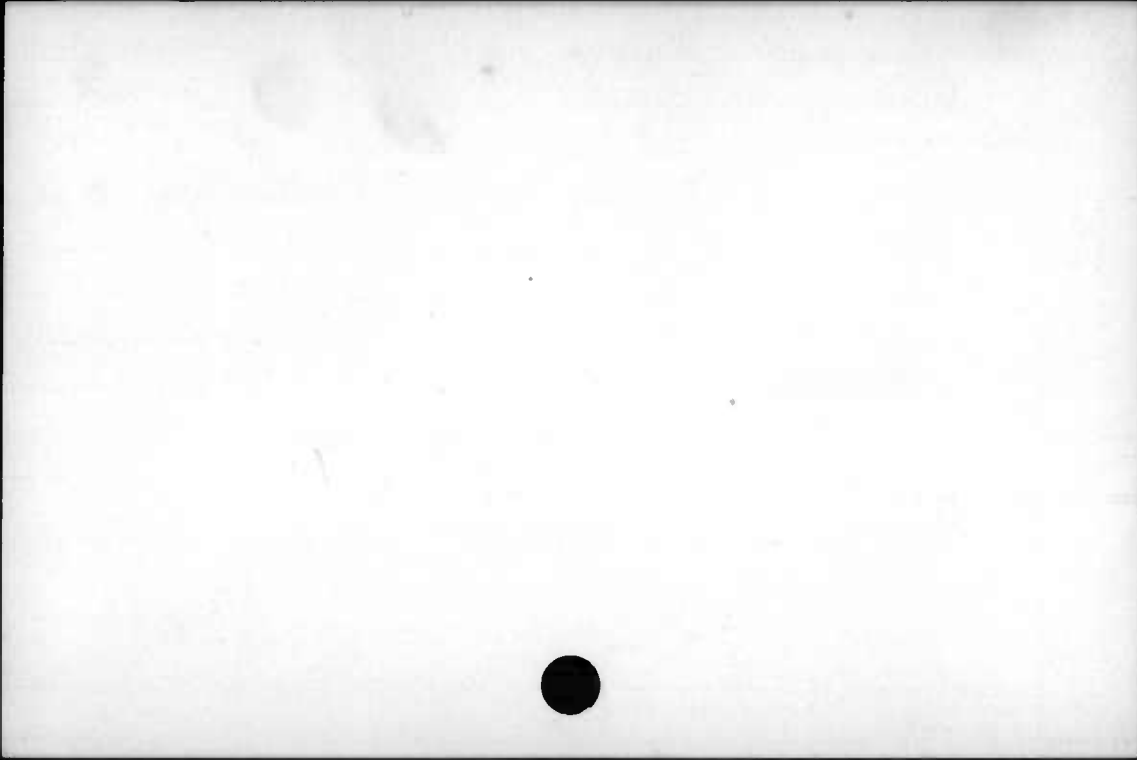
Accident or Suicide?

1st Evangelical Com.

Feb 6. 1908

Klander & Sons

Name in Full		Certificate of Death			
John T. Hook					
Died at <i>Cumbees Road</i> Town <i>Mr Mt Washington</i> County <i>Baltimore</i> MARYLAND					
Date of death <i>1908</i> Month <i>2</i> Day <i>10</i> Age <i>83</i> Years Months <i>3</i> Days <i>20</i>					
Sex <i>male</i> Color or Race <i>white</i> Birth-place <i>Baltimore Md</i>					
Occupation <i>retired Millwright</i> Where Residing if not at place of death <i>same</i>					
Married, Single or Widowed <i>married</i> Name of Wife or Husband <i>Elizabeth Hook</i>					
Father's Name <i>Solomon Hook</i> Father's Birthplace <i>do not know</i>					
Mother's Maiden Name <i>do not know</i> Mother's Birthplace <i>do not know</i>					
Name of person giving information <i>Thomas T. Hook</i> How related to deceased <i>brother-in-law</i>					
CAUSES OF DEATH					
Primary <i>Arterio-sclerosis</i> How long <i>9</i>					
Immediate <i>Asthma</i> How long <i>seven days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William J. Todd</i>			
		Address <i>Mt Washington Md</i>			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pittsenville</i> Town		<i>Balto</i> County		MARYLAND			
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>13</i>	Age <i>78</i>	Years <i>5</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Hook</i>		Father's Birthplace <i>England</i>			
Fether's Name <i>Joseph Hook</i>		Mother's Maiden Name <i>Hanna Alder</i>		Mother's Birthplace <i>Dent, Penna</i>			
Name of person giving information <i>Mary Hook</i>				How related to deceased <i>wife</i>			
CAUSES OF DEATH				<i>79</i>			

PHYSICIAN  
OR CORONER

Primary <i>Mitral regurgitation</i>	How long <i>About 13 yrs.</i>
Immediate <i>Anasarca</i>	How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>L. J. Frey, M.D.</i>
	Address <i>2466 Druid Hill Ave Baltimore City</i>
Accident or Suicide? <i>—</i>	

E. D. Seely

Storm Thapsee



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

## CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* <sup>Town</sup>*Baltimore* <sup>County</sup>Date of death *1908 Feb 10*Age *35* <sup>Years</sup>*11* <sup>Months</sup> *16* <sup>Days</sup>Sex *Male*Color or Race *White*Birth-place *Balto Md*Occupation *clerk.*Where Residing if not at place of death *3308 E. Balto st*Married, Single or Widowed *Married*Name of Wife or Husband *Kate. Traupe*Father's Name *John. Horst*Father's Birthplace *Germany.*Mother's Maiden Name *Barbara Brutschey*Mother's Birthplace *Balto Md*Name of person giving information *John. Horst*How related to deceased *Brother*

## CAUSES OF DEATH

157

Primary *Strangulation*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *David A. Thompson*Address *1578 Highland Ave*Accident or Suicide? *Suicide**Baltimore Co Md*

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W. Sanders & Son.  
Balto. & Broadway.

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Balto. Cemetery.

Feb. 12/08,

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John L. James</i>		Town <i>Lundowne</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Lundowne</i>		Month <i>2</i>		Day <i>8</i>		Years <i>25</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>8</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Bricklayer</i>		Where Residing if not at place of death <i>1222 W. Lombard St</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katie M. James</i>					
Father's Name <i>J. James.</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>William O. Beane</i>		How related to deceased <i>Step Father</i>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Struck by train of the B. &amp; O. R.R. Co.</i>	How long	<i>Immediate</i>
Immediate	<i>Body brushed</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician or Coroner <i>August W. Miller (Coroner)</i>		Address <i>Mt W Winans</i>	
Accident or Suicide?		<i>Accident</i>	
		<i>Balto. Co. Ind.</i>	

William Cook  
Bonnie Brae.

Name  
in  
Full

Beatrice Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Texas Town

Ballo County

MARYLAND

Date of death 1908 2

1 Day

Age Years

Months

21 Days

Sex Female

Color or Race

Colored

Birth-place

Texas Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John W Jenkins

Father's Birthplace

Ballo Co. Md

Mother's Maiden Name

Cynthia Williams

Mother's Birthplace

Ballo Co. Md

Name of person giving information

Cynthia Williams

How related to deceased

wife

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Unknown no one was in attendance

How long

mother says child was sick from birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. T. B. Bessy

Address

Texas

Md.

Accident or Suicide?

Juniata at Torsley

Feb 3, '00

W. C. Brooks

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

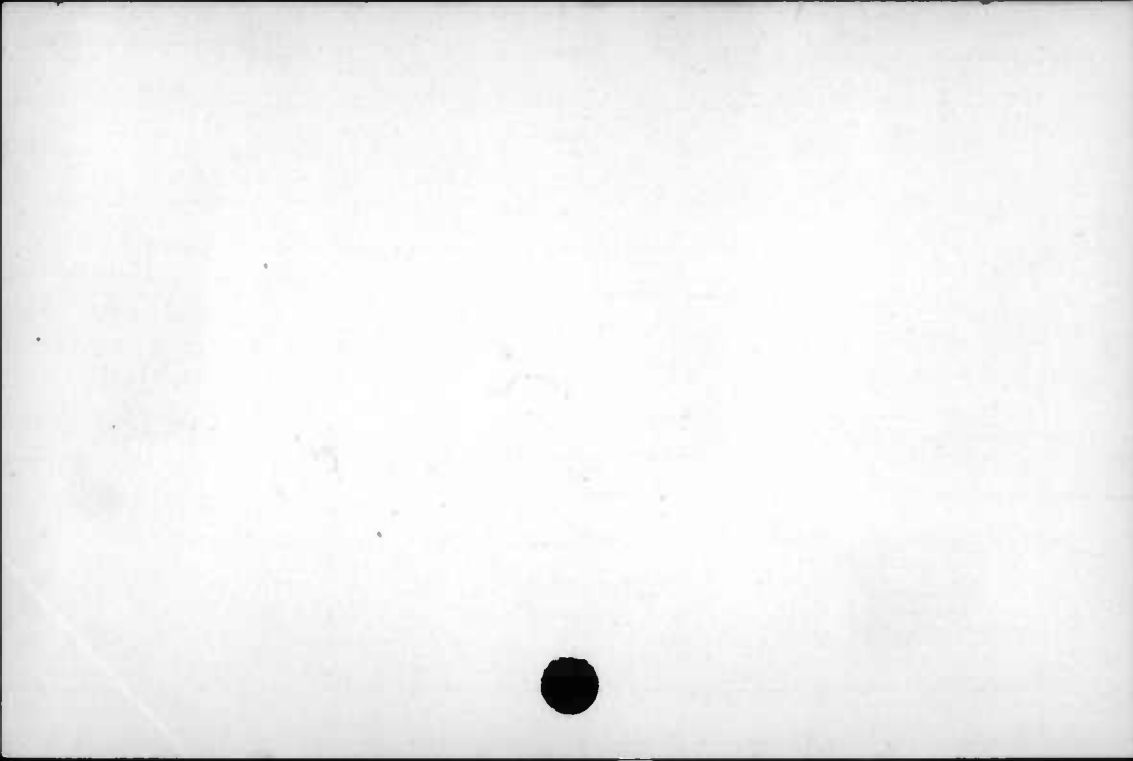
Died at <i>Pikesville</i>		Town <i>Pikesville</i>		County <i>Beth</i>		MARYLAND	
Date of death	1908	Month	July	Day	1	Age	56
Sex	Male	Color or Race	Colored	Birth-place	MD	Months	Days
Occupation	Coachman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Jones			
Father's Name	Jno Jones			Father's Birthplace	MD		
Mother's Maiden Name	Wasson			Mother's Birthplace	MD		
Name of person giving information	Elizabeth Jones			How related to deceased	Wife		

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Chumman</i>	How long	4 mths
Immediate	<i>Paralytic</i>	How long	<i>several</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. E. M.</i>
		Address	<i>Pikesville MD</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ernest Jones*  
*Parkville**Balto* CountyDate of death *1908* *Feb.* MonthDay *2*

Age

Years

Months *1*

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Md.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Samuel E. Jones*Father's  
Birthplace*Md*Mother's  
Maiden Name*Annie P. Smith*Mother's  
Birthplace*Md*Name of person giving  
In formation*Annie P. Jones*How related  
to deceased*Mother*

## CAUSES OF DEATH

**93**

Primary

*Infancy*

How long

Immediate

*Pneumonia*

How long

*4 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Walter H. Linal*

Address

*Hamilton, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

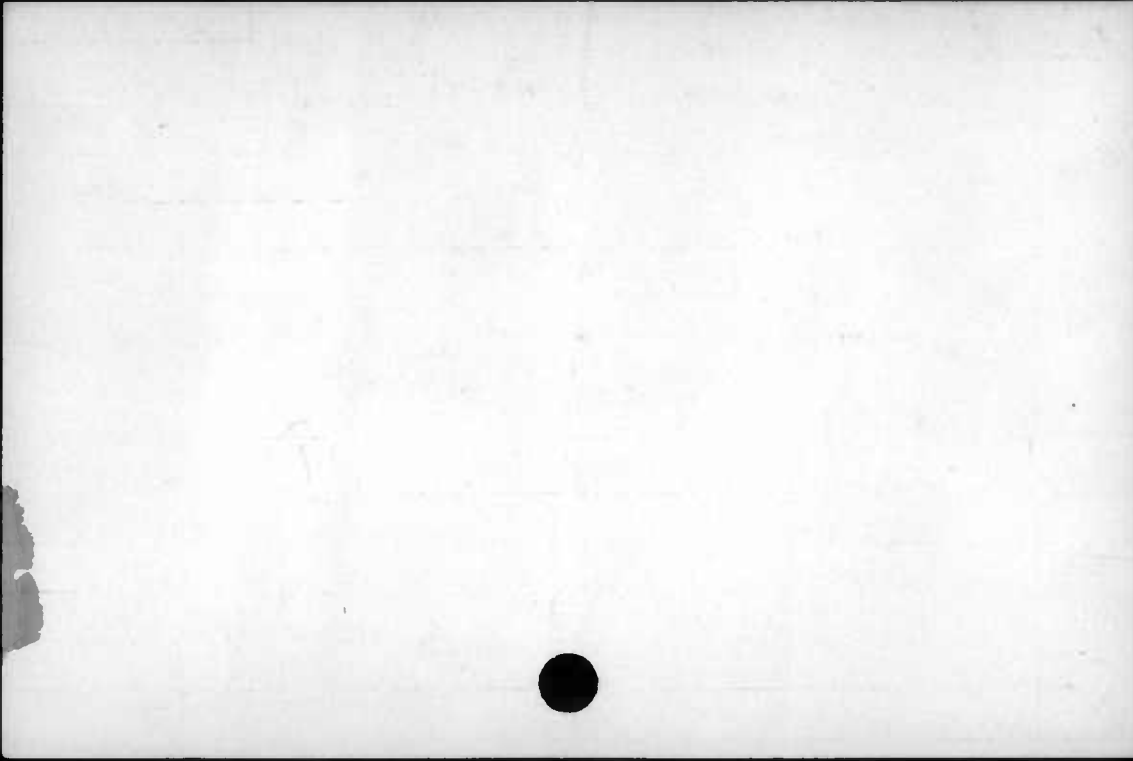
Died at <i>Shinn's Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1908</i> <sup>Month</sup>	<i>7th</i> <sup>Day</sup>	Age	<i>2</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birth-place	<i>Shinn's Point</i>	
Occupation	<i>Wm</i>			Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband		
Father's Name	<i>John Jones</i>			Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Leatrice Ford</i>			Mother's Birthplace	<i>Maryland</i>	
Name of person giving Information				How related to deceased		

## CAUSES OF DEATH

(9)

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria ?</i>	How long	<i>24 hrs</i>
Immediate	<i>Exhaustion ?</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>F. C. Elwood M.D.</i>
		Address	<i>Shinn's Point</i>
Accident or Suicide?			



Name  
in  
Full

Talbot Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Denis</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>64</i>	Years	Months	Days	<i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Mariner</i>					
Name of Wife or Husband <i>Mary A. Jones</i>							
Father's Name <i>Josiah W. Jones</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary Duke</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Talbot W. Jones</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>One day</i>
Immediate <i>Respiratory failure</i>	How long <i>One hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. G. Runk</i>
	Address <i>200 S. Balh. St.</i>
Accident or Suicide?	

W. Allen Fuller

London Park

Name  
In  
Full

*Still Born Premature Infant Kelly*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Grants</i> <small>Town</small>		<i>Batts</i> <small>County</small>			
Date of death <i>1908</i>	<i>Feb.</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Breki's Kelly</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Kelly</i>			How related to deceased <i>father</i>		

(S)

CAUSES OF DEATH

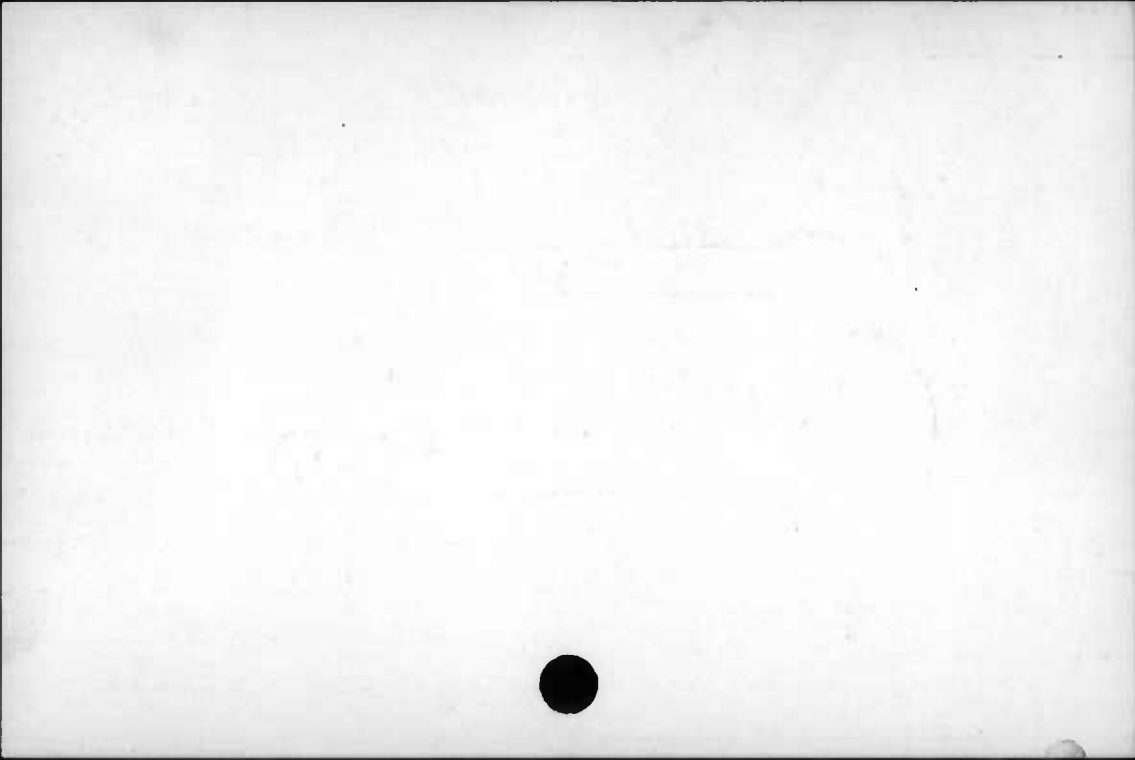
PHYSICIAN  
OR CORONER

Primary	<i>Premature delivery</i>		How long	<i>—</i>
Immediate			How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>R. J. Hooper</i>	<i>Grants Ind</i>	
Accident or Suicide? <i>—</i>				





Name in Full <b>Ada Klass</b>		Town <b>Parkville</b>		County <b>Balto</b>		CERTIFICATE OF DEATH	
Died at <b>Parkville</b>		Where Residing if not at place of death <b>Parkville</b>		MARYLAND			
Date of death <b>1908</b>		Month <b>2</b>		Day <b>19</b>		Age <b>26</b>	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Ind</b>			
Occupation <b>House wife</b>		Where Residing if not at place of death <b>Parkville</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>John J. Klass</b>					
Father's Name <b>Geo Inaul</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Amelia Inaul</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>John J. Klass</b>		How related to deceased <b>Husband</b>					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		(79)			
Primary <b>Organic Heart Disease</b>		How long <b>Unknown</b>					
Immediate <b>Organic Heart Disease</b>		How long <b>1/2 hr.</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Geary C. Long M.D.</b>		Address <b>Hanilton, Ind.</b>			
Accident or Suicide? <b>No</b>							



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sophia Wilhelmina Klass

Died at <sup>Town</sup> Parkville <sup>County</sup> Balto

MARYLAND

Date of death 1908 <sup>Month</sup> 2 <sup>Day</sup> 16 <sup>Age</sup> 56 <sup>Years</sup> 10 <sup>Months</sup> 16 <sup>Days</sup>Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> EuropeOccupation House wife <sup>Where Residing if not at place of death</sup> ParkvilleMarried, Single or Widowed <sup>Name of Husband</sup> Geo KlassFather's Name J. Grill <sup>Father's Birthplace</sup> EuropeMother's Maiden Name M. Grill <sup>Mother's Birthplace</sup> "Name of person giving information Geo Klass <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONERPrimary Carcinoma of uterus <sup>How long</sup> 1 yr.Immediate Carcinoma of uterus <sup>How long</sup> 1 yr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

St. Louis

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John T. Knight</i>		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Died at							
Date of death	Month	Day	Age	Years	Months	Days	
<i>1908</i>	<i>Feb'y</i>	<i>16<sup>th</sup></i>	<i>61</i>	<i>-</i>			
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>White</i>		<i>Mid</i>				
Occupation	Where Residing if not at place of death						
<i>Laborer</i>	<i>---</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Anna Knight</i>						
Father's Name	Father's Birthplace						
<i>John T. Knight</i>	<i>Mid</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Elizabeth Lewis</i>	<i>Mid</i>						
Name of person giving information	How related to deceased						
<i>John Knight</i>	<i>son</i>						

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Heimiplegia</i>	How long	<i>4 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. W. They</i>	
Address			
Accident or Suicide?			

New Cathedral Cemetery

Feb. 19<sup>th</sup> 1908

Germanus France

Undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>1104 Thurtone</i>		Town <i>Lambert</i>		County <i>Bella</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>February</i>	Day <i>6</i>	Age	Years	Months	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>1104 Thurtone</i>			
Occupation <i>Common Worker</i>				Where Residing if not at place of death <i>1104 Thurtone</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Willa Lambert</i>					
Father's Name <i>Frank J. Lambert</i>				Father's Birthplace <i>Bella County</i>			
Mother's Maiden Name <i>Ann Maggie Johnson</i>				Mother's Birthplace <i>Bella City</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. H. H.</i>	
<i>Raymond H. H. H.</i>		Address <i>703 Thurtone St</i>	
Accident or Suicide?			

---

Cab Lane Cemetery

Feb. 10/08.

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Name in Full		Henry H Lammers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Highlandtown		County Balto.		
		Date of death		1908	Month 2	Day 13	Age 77	Months 4
		Sex		Male		Color or Race White		Birth-place Germany
		Occupation		Cigar Manfg.		Where Residing if not at place of death 612 Eastern Ave. Ext.		
		Married, Single or Widowed		Widower		Name of Wife or Husband Elizabeth Lammers		
		Father's Name		Unknown		Father's Birthplace Unknown		
		Mother's Maiden Name		Unknown		Mother's Birthplace Unknown		
		Name of person giving information		Bernhard Lammers		How related to deceased Son		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary				Pneumonia - Acute -		
		Immediate				Cardiac Failure		
		Are the name, age, sex, color, date and place correctly given above?				Yes -		
		Signature of Physician				J. M. Brown		
Address				125 11th St				
Accident or Suicide?								

Balto. Cemetery

J. Herwig & Son

2 / 16 / 08

Name  
in  
Full

Infant of Frank &amp; Alma Langer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> Town <u>Beth</u> County		MARYLAND	
Date of death 190 <u>Feb</u> Month <u>1</u> Day	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Beth Md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>Highlandtown Md</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Frank Langer</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Alma Ebert</u>	Mother's Birthplace <u>Beth Md</u>		
Name of person giving information <u>Frank Langer</u>	How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. Warner</u>
	Address <u>—</u>
Accident or Suicide?	

1 reform Cemetery  
Christian Miller  
2334 Jefferson St

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

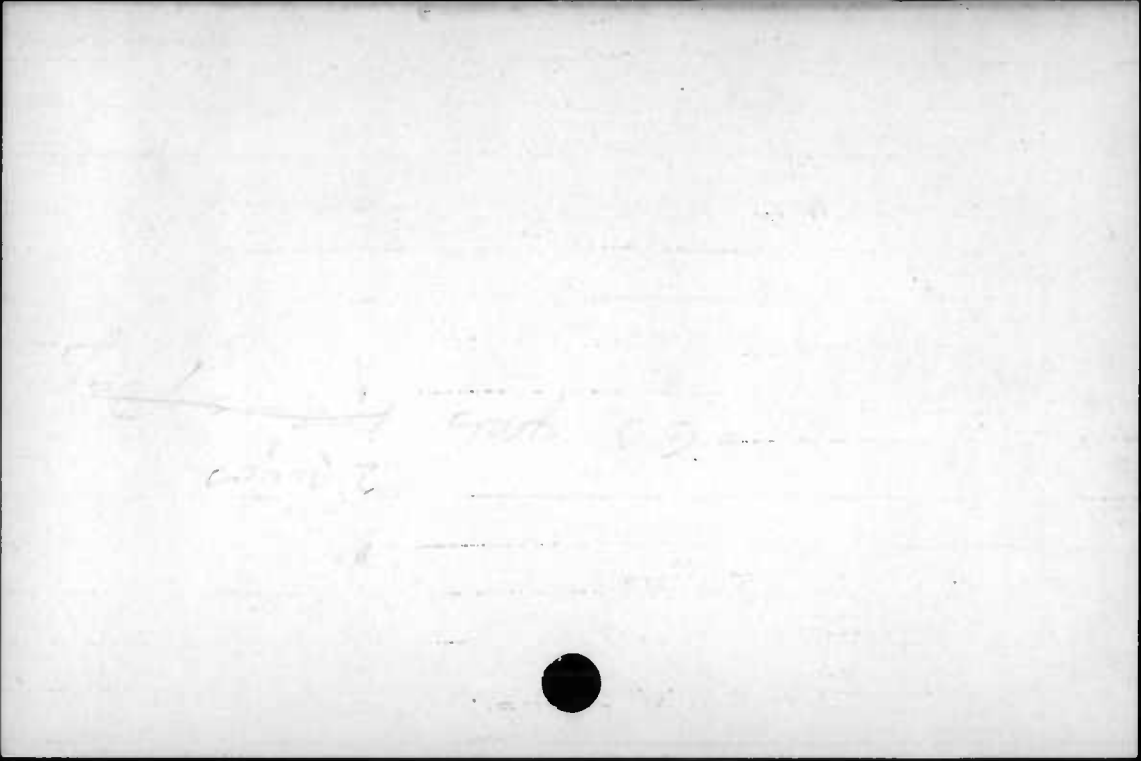
Name <i>Mary Lee</i>		Town <i>Mt Hope Retreat</i>		County <i>Balt.</i>	
Died at		Date <i>20</i> of death <i>1908</i>		Month <i>Feb</i> Day <i>Thurs</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Don't know</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Recd at Mt Hope Retreat</i>		How related to deceased <i>Wid at all</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Chronic mania</i>	How long <i>many years</i>
Immediate <i>Pneumonia</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
Accident or Suicide? <i>+</i>	



Name  
in  
Full

Katharine Gertz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>1st</i>	Age <i>79</i>	Months <i>—</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>House-wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Philip Gertz</i>			
Father's Name <i>Simon Jacob</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elizabeth Jacob</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>Philip Gertz Jr</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>1 week</i>
Immediate <i>Hypostatic Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn</i>
Accident or Suicide? <i>—</i>	<i>Med.</i>

Andrew Bohde

Cal. Olive Cemetery



Name  
in  
Full

Charles Lilly

CERTIFICATE OF DEATH


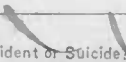
TO BE ANSWERED BY  
NEAREST FRIEND

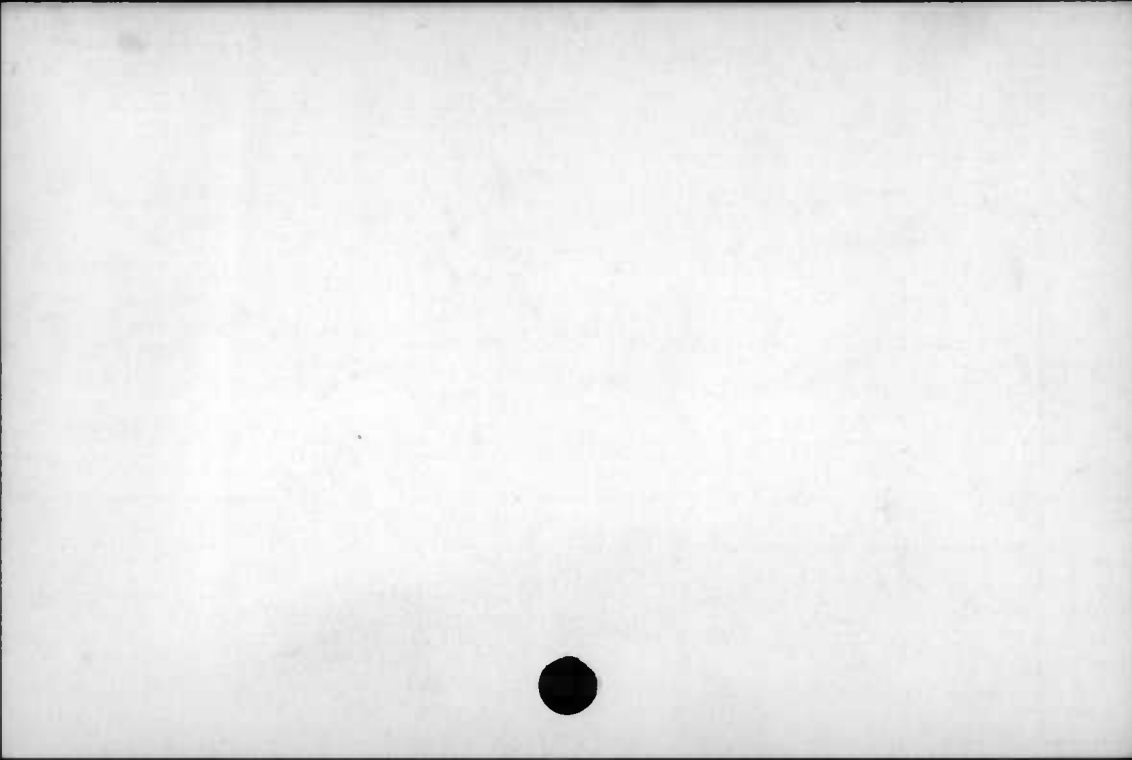
Died at <i>Oella</i> <small>Town</small>		<i>Bato.</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Feb.</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>1</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Oliver Lilly</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>M. E. Robinson</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Oliver Lilly</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

Primary	<i>Purpura Hemorrhagica</i>	How long	<i>Weeks</i>
Immediate	<i>in anition</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. J. Rymer</i>
		Address	<i>Elbert City</i>
			
			
Accident or Suicide? <i>_____</i>			



Name  
in  
Full

Hara Helen Lloyd

## CERTIFICATE OF DEATH

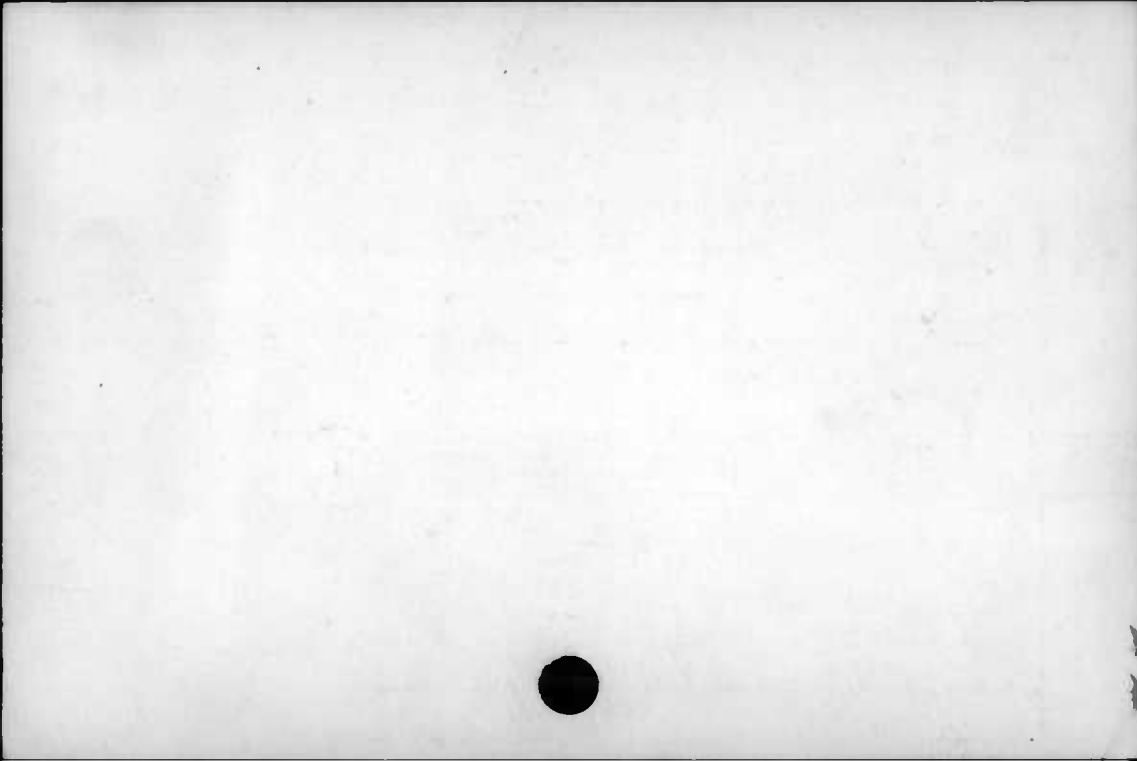
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Glencoe Town B. F. D.County BaltoDate of death 1908 Month Feb Day 24Age 1 Years 6 Months 12 DaysSex FemaleColor or  
Race WhiteBirth-  
place Glencoe MdOccupation houseWhere Residing if not  
at place of death "Married, Single  
or Widowed SingleName of Wife or  
Husband "Father's  
Name John A. LloydFather's  
Birthplace Verona MdMother's  
Maiden Name Bertha BrownMother's  
Birthplace Butler MdName of person giving  
In formation John A. LloydHow related  
to deceased Father

## CAUSES OF DEATH

Primary Scarlet feverHow long Two weeksImmediate ExhaustionHow long "Are the name, age, sex, color, date  
and place correctly given above? YesSignature of  
Physician J. H. DrachAddress Butler Md.Accident or Suicide? "PHYSICIAN  
OR CORONER  
H



Name  
In  
Full

Milton Morris Long

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>7</u>	Age <u>    </u>	Months <u>10</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>    </u>			Where Residing if not at place of death <u>    </u>		
Married, Single or Widowed <u>    </u>			Name of Wife or Husband <u>    </u>		
Father's Name <u>George H Long</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Sadie L. Tolzmann</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>George H. Long</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <u>Meningitis</u>	How long <u>2 Weeks</u>
Immediate <u>Convulsion</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. A. Clantz</u>
	Address <u>41 Eastern Ave. Ch</u>
Accident or Suicide? <u>    </u>	

— H —  
J. C. Schuh & Son  
— Undertakers. —  
3515 E. Balto. St.  
—

St. Paul Cemetery.  
Balto Co.

Feb. 9/08.

— H —

Name  
In  
Full

449.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Leonard Luick

Town

County

MARYLAND

Died at Lauraville

Balto

Date of death 1908. Feb. 20.

Age

Months

Days 1

Sex Male

Color or Race White

Birth-place Lauraville.

Occupation

Where Residing if not at place of death Lauraville.

Married, Single or Widowed

Name of Wife or Husband

Father's Name Geo Luick

Father's Birthplace Md.

Mother's Maiden Name Hattie Green

Mother's Birthplace Balto.

Name of person giving information Geo Luick

How related to deceased father.

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Congenital Ataxectasis.

How long 1

Immediate Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. L. Bowler

Address

Lauraville

Accident or Suicide?

Balto Co.

Md.

Balto Cemetery  
Feb. 27/08.

Wm Cook  
502 E North St.

(121)



Name  
in  
Full

Mrs. Ida M. McDowell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville		Baltimore Co		MARYLAND	
Date of death	1908	Month	September	Day	22 <sup>nd</sup>	Age	42 Years 5 Months 30 Days
Sex	Female		Color or Race	White		Birth-place	Balto Md
Occupation	None		Where Residing if not at place of death		Catonsville Md		
Married, Single or Widowed	Married		Name of Wife or Husband		Thos. B. McDowell		
Father's Name	William Henry Bess					Father's Birthplace	Balto Co
Mother's Maiden Name	Elizabeth Matthews					Mother's Birthplace	Balto. Co
Name of person giving information	Thomas B. McDowell					How related to deceased	Parents

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	Carcinoma of breast		How long	7 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. Whitchey
			Address	Catonsville Md.
Accident or Suicide?				

George J. Smith Co.  
A  
Terrane

Name  
in  
Full

Matilda McKenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oella</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Feb.</u> <sup>Day</sup> <u>15</u> <sup>Years</sup> <u>64</u>		Months <u>—</u>		Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>House duties</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Caleb H McKenzie</u>			
Father's Name <u>William Clements</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>not known</u>			
Name of person giving information <u>Elizabeth Kenny</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	<u>Obstruction of bowels</u>	How long	<u>3 days</u>
Immediate	<u>Peritonitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. B. Rogers M.D.</u>	
		Address <u>Baltimore, Md.</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Feb</i>		Day <i>27</i>	Age <i>87</i> Years	Months <i>7</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Towson</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen G Marley</i>			
Father's Name <i>James Marley</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Sill</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving information <i>B C Marley</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>3 days</i>
Immediate <i>apoplexy</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Gaylen Hunt M.D.</i>
	Address <i>Towson Md.</i>
<del>Accident or Suicide</del>	

Stewart & Mowen Co

Undertakers

215 Park ave

Baltimore Md.

Interment at

Western cemetery

Baltimore Md

Name  
in  
Full

William Maul

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Balt.</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	<i>Feb.</i> <small>Month</small>	<i>2</i> <small>Day</small>	<i>53</i> <small>Years</small>	<i>2</i> <small>Months</small> <i>9</i> <small>Days</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Butcher (Wholesale)</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Elizabeth Maul</i>		
Father's Name	<i>John Maul</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Marguereth Appel</i>		Mother's Birthplace	<i>Saxony, Germany</i>	
Name of person giving information	<i>Max. Burton</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary	<i>Laryngeal &amp; general tuberculosis</i>	How long	<i>abt 5 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mro.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. W. Morgan</i>
		Address	<i>Canton &amp; Baltimore</i>
Accident or Suicide?			

Wm. Wright.

Mr. Cassin  
St. Louis

Dr. Callahan  
Clinton, near  
Foster Ave



Name in Full		Mary Edith Muhl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Wetport		County		BALTO	
	Date of death		1904	May	17	Age	2
	Sex		Female	Color or Race		White	Birth-place
	Occupation				Where Residing if not at place of death		Wetport
	Married, Single or Widowed		Single	Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Courah Muhl		Father's Birthplace		Balto City
	Mother's Maiden Name		Rebecca Muter		Mother's Birthplace		4 9
	Name of person giving information		Courah Muhl		How related to deceased		Daughter
	CAUSES OF DEATH						(9)
	Primary		Membranous Croup.		How long		48 hrs.
Immediate		Paralysis of Heart		How long		1 hour.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. E. Glau	
				Address		Mt Wiggins. Md.	
Accident or Suicida?							

Wm J. Fickner  
London Park

Name in Full		Myle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	4 Highlandtown		Baltimore.		MARYLAND	
	Date of death	1908	Month Feb.	Day 24	Age —	Months 4	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Unknown.				Father's Birthplace	Unknown.
PHYSICIAN OR CORONER	Mother's Maiden Name	Carrie Myle				Mother's Birthplace	Balt. Co.
	Name of parson giving information	Carrie Myle.				How related to deceased	Mother.
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Premature birth 3 to 4 mo.				How long	—
	Immediate	Still Born.				How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		
					Address		
				E. W. James M.D.			
				304 Banker-EP			
X		Accident or Suicide?		—			

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Schwartz's Cemetery.  
Balti. Co.

Feb. 25/08.

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Joseph. Nelson*

Town *Canton* County *Baltimore*

Died at *Canton*

Date of death *1908 Feb 5* Age *50* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Labour* Where Residing if not at place of death *151 N blinton*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Eliza Mc. Fall*

Father's Name *Hugh. Nelson* Father's Birthplace *Ireland*

Mother's Maiden Name *Jane Pool* Mother's Birthplace *Ireland*

Name of person giving information *Anna. Hedderman* How related to deceased *Sister*

## CAUSES OF DEATH

179

Primary *Heart. Failure*How long *—*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*David. A. Thompson*  
*1570 Highland Ave*  
*Balts C. Md*

Accident or Suicide?



Mt. Olivet Cemetery

Saturday Feb 8 / 1908

Name  
in  
Full

Wallace C. Neyhart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

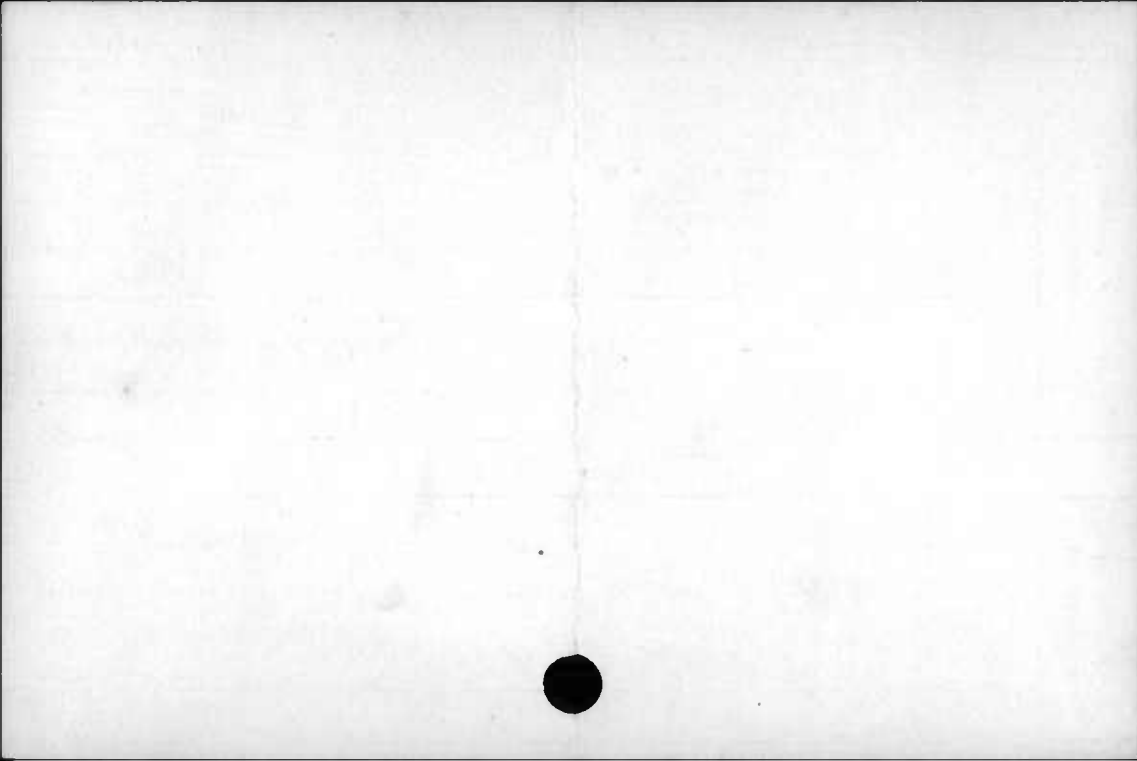
Died at <i>St Howard</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>21</i>	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indiana</i>		
Occupation <i>Soldier</i>			Where Residing if not at place of death		
<del>Married, Single</del> <del>or Widowed</del>			Name of Wife or Husband		
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>No</i>		

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary <i>Measles comp. by Pneumonia</i>	How long <i>9 days -</i>
Immediate <i>Lobar pneumonia</i>	How long <i>18 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Murrell M.D.</i>
	Address <i>St Howard Ind.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Wilson, Cary Nicholas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

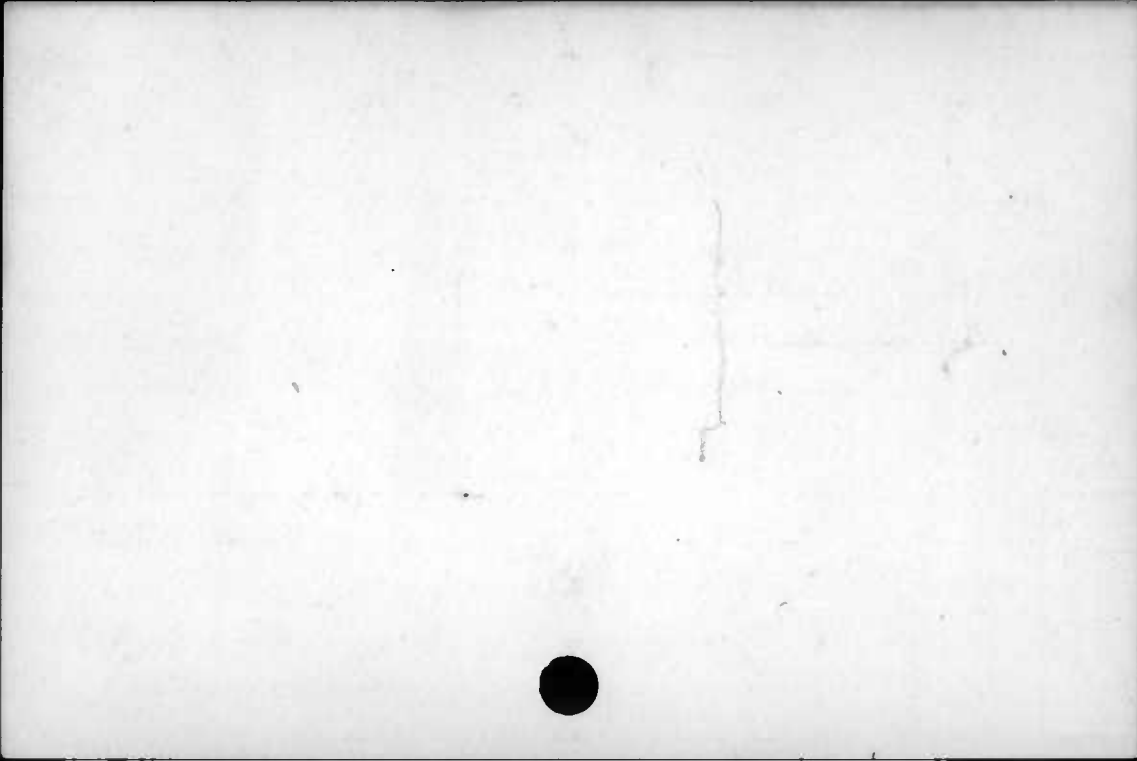
Died at <u>Atamasset</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup> <u>Co.</u>		MARYLAND	
Date of death	<u>1908</u>	<u>Feb</u> <sup>Month</sup>	<u>19</u> <sup>Day</sup>	<u>71</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Newport</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>—</u>			
Married, <del>Single</del> <sup>or Widowed</sup>	Name of Wife or <del>Husband</del> <u>Augusta M. Wilson</u>				
Father's Name	<u>John Smith Nicholas</u>			Father's Birthplace	<u>Virginia</u>
Mother's Maiden Name	<u>Esther Stevenson</u>			Mother's Birthplace	<u>Balto.</u>
Name of person giving information	<u>Geo. B. Nicholas</u>			How related to deceased	<u>son</u>

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>about five</u> <u>years</u>
Immediate	<u>Heart failure</u>	How long	<u>3 or 4 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. H. Campbell</u>	
		Address	
		<u>Crown's Mills. Md</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Sylvester Perry Nolan

Town

County

Died at

Towson

Baltimore

MARYLAND

Date

of death 1908

Month

Feb

Day

11

Age

Years

4

Months

Days

Sex

Male

Color or  
Race

Cauc

Birth-  
place

Md

Occupation

Infant

Where Residing if not  
at place of death

Towson

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Lester Nolan

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rosa Black

Mother's  
Birthplace

Md

Name of person giving  
In formation

Lester Nolan

How related  
to deceased

Father

## CAUSES OF DEATH

146

Primary

Rickets

How long

2 years

Immediate

General Excitation

How long

2 mos.

Are the name; age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. R. G. S. T. M. D.  
Towson Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns Lane  
Towson

Sandy Bottom Cumber  
Towson.

Name  
in  
Full

John H. Parlett.

448  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perry Hall</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>27<sup>th</sup></i>	Age <i>53</i>	Years	Months <i>9</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Balt. Co.</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lydie M. Barton</i>					
Father's Name <i>Thomas Parlett</i>		Father's Birthplace <i>Balt. Co.</i>					
Mother's Maiden Name <i>Massey Wolfe</i>		Mother's Birthplace <i>Balt. Co.</i>					
Name of person giving information <i>Benj. F. Parlett</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>1/2 hour</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. J. Harrison</i>	
		Address <i>Toroso, R.F.D. no. 6</i>	
Accident or Suicide?			

Entertainment

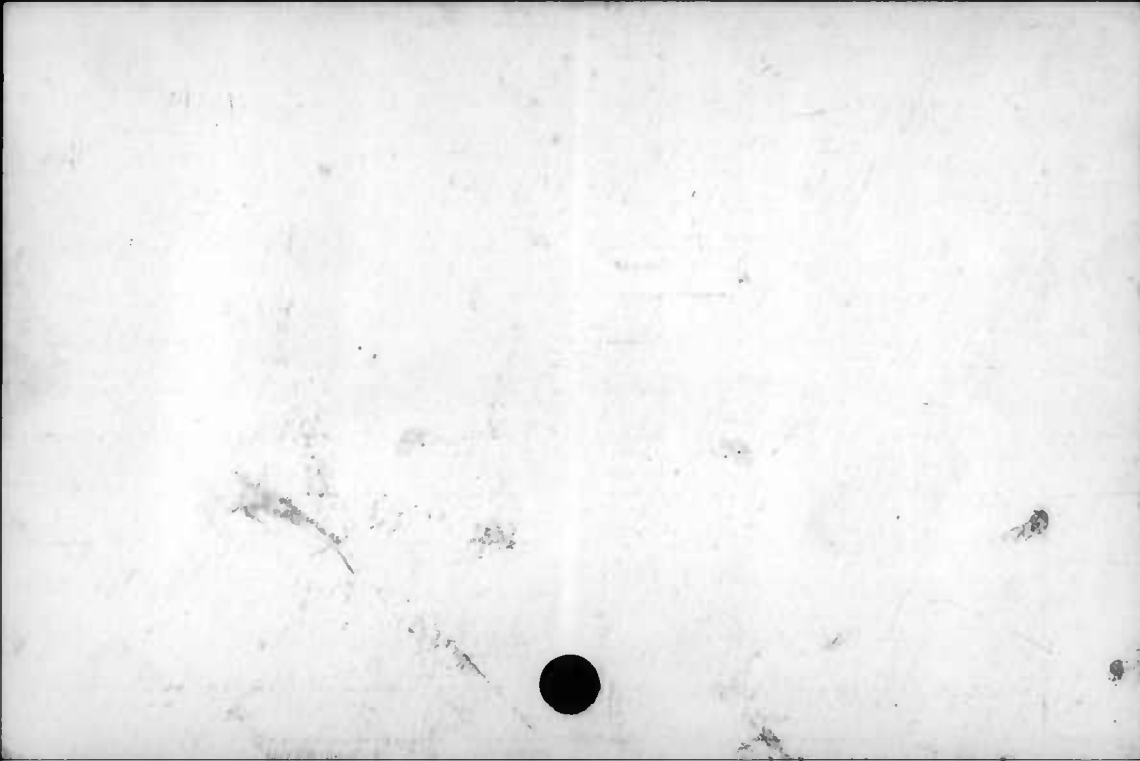
Hiss Cent

Harford Road

Geo W Grammer

undertaker

Name in Full		TOWN				COUNTY		STATE		
Josephine K Payne		Lockeysville		Baltimore		MARYLAND		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Date of death		Age		Months		Days	
	1908		Nov 24		7		10		9	
	Sex		Color or Race		Birth-place					
	Female		Black		Lockeysville					
	Occupation		Where Residing if not at place of death							
	School		Lockeysville Md							
	Married, Single or Widowed		Name of Wife or Husband							
X		X								
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace				
James Payne - deceased		Lizzie Payne -		Mary		Baltimore Md				
Name of person giving information		How related to deceased								
Rebecca Payne		Sister								
		CAUSES OF DEATH		(27)						
PHYSICIAN OR CORONER	Primary		How long							
	Pneumonia		2 Weeks							
	Immediate		How long							
	Tuberculosis Pulmonary		3 Months							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address						
Yes		J. H. Benson		Lockeysville						
H		Accident or Suicide?		X						





Name  
in  
Full

Annie Peters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Roland Park* Town *Baltimore* CountyDate of death *1908* Month *Feb* Day *24*Age *33* Years

Months

Days

Sex *female*Color or  
Race*white*Birth-  
place*Virginia*

Occupation

*None*Where Residing if not  
at place of death*Roland Park*Married, Single  
or Widowed*Widow*Name of  
Husband*Unknown*Father's  
Name*Unknown*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
Information*Mabel T. Finckley*How related  
to deceased*None*

## CAUSES OF DEATH

27

Primary

How long

Immediate

*Pulmonary Tuberculosis*

How long

*4 months*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*H. H. [Signature]  
207 N. Liberty St. Baltimore*

Accident or Suicide?

Removal to Baltimore

Wm Cook

502 E North St.

Hawthorn Road 103 near

Cold Spring Lane 103,

2<sup>d</sup> Block below Roland

Avenue, corner house

Body afterwards removed  
to Virginia for final  
interment

Wm. Cook  
209 N. Liberty

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crossville</i>		Town <i>Crossville</i>		County <i>Bealls</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>23</i>		Age <i>86</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Crossville, Md</i>		Years		Days	
Married, Single or Widowed		Name of Wife or Husband <i>Unknown</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>Mrs Jos Snow</i>		How related to deceased <i>Grand daughter</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart disease</i>		How long <i>2 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. V. Moore</i>	
		Address <i>Crossville, Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chillicothe</i> <sup>Town</sup>		<i>Putto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Feb</i>		Day <i>10</i>		Age <i>41</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>+</i>		How related to deceased <i>+</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Paranoia</i>	How long <i>6 yrs.</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>4 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Therby Wade</i>
Address <i>Chillicothe Ind</i>	
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Johanna Christina Preisinger

Town

County

Died at Calonsville

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908 Feb

Age

81

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

- Gardner

Where Residing if not  
at place of death

Calonsville

Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

John Preisinger

Father's  
Name

John Ruff

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Hout etc

Mother's  
Birthplace

Germany

Name of person giving  
Information

John Preisinger

How related  
to deceased

Husband

## CAUSES OF DEATH

154

How long

Primary

old age

How long

Immediate

Cerebral heart failure

1 month

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Chas. Macph.  
Catonville

Accident or Suicide?

N.Y.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

H

Chas. Prester.  
Salem Cemetery.



Name  
in  
Full

Rachel M Prier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Philopolis</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>66</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philopolis, Md</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Levi Prier</i>		Father's Birthplace <i>Philopolis Md</i>			
Mother's Maiden Name <i>Elizabeth Waltherms</i>		Mother's Birthplace <i>Philopolis Md</i>			
Name of person giving information <i>Evan M Prier</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Indigestion, Colic (probably)</i>	How long <i>3 days</i>
Immediate <i>Heart (Syncope) sudden</i> <sup>no physician in attendance</sup>	How long <i>Twenty minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. R. B. Brown</i>
	Address <i>Cockeysville, Md.</i>
Accident or Suicide? <i>—</i>	

Funeral at Friends  
Church Gumpowden  
Saturday 29.

W. C. Brooks

Name  
in  
Full

Elias A. Read

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pikesville</u> <sup>Town</sup>		<u>Bucks</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>February</u>	Day <u>14</u>	Years <u>66</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Indiana</u>		
Occupation <u>Retired</u>			Where Residing If not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mollie E. Read</u>			
Father's Name <u>not known</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>John A. Dwyer</u>		How related to deceased <u>Son in Law</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate <u>1</u>	How long <u>11</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. E. M.</u>
	Address <u>Pikesville Md.</u>
Accident or Suicida?	

David McLean Co -  
London Park Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Overlea</i> <small>Town</small>		<i>Balte</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	2	Day	15
Age		Years	62	Months	2
Sex		Male	Color or Race	White	Birth-place
Occupation		None	Where Residing if not at place of death		
Married, Single or Widowed		Married	Name of Wife or Husband		
Father's Name		Johannes Reichert	Father's Birthplace		
Mother's Maiden Name		Mary C. Haas	Mother's Birthplace		
Name of person giving information		Rosa Reichert	How related to deceased		
			Wife		

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	3 months
Immediate	<i>General Dropsy</i>	How long	1 1/2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		1031 N. Carolina St. Balto. Md.	
Accident or Suicide?			
No			

Mt. Carmel Conn.  
Hervig & Son  
2/17/08

Name in Full <b>Chas. Robenstein</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Highlandtown</b> Town		County <b>Baltimore</b>
	Date of death <b>1907</b> Month <b>Feb.</b> Day <b>12</b>		Age <b>45</b> Years Months Days
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Germany</b>
	Occupation <b>Marinist</b>	Where Residing if not at place of death <b>1026 - 5th St</b>	
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Christina Rabenstein</b>	
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>	
	Mother's Maiden Name <b>Unknown</b>	Mother's Birthplace <b>Unknown</b>	
	Name of person giving information <b>Christina Rabenstein</b>	How related to deceased <b>Wife</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pulmonary Tuberculosis</b>		How long <b>2 mos.</b>
	Immediate <b>Inanition</b>		How long <b>2 weeks</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>Dr. J. A. Clark</b>
			Address <b>41 Eastern Ave. Bk.</b>
	Accident or Suicide?		

Oak Lawn Conn  
Hermig & Co  
2/14/08



Name  
in  
Full

Mary C. Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lutherville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	<i>Feb.</i>	Day	<i>22</i>	Years	<i>21</i>
				Age		Months	<i>6</i>
						Days	<i>13</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Lutherville</i>
Occupation	<i>Unknown</i>		Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>James Robinson</i>					Father's Birthplace	<i>Balt. Co.</i>
Mother's Maiden Name	<i>Mary C. Fiedler</i>					Mother's Birthplace	<i>New York Co. Pa.</i>
Name of person giving information	<i>Mrs. Mary Robinson</i>					How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tubercle</i>	<i>14 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm L. Smith</i>
<i>Yes</i>	Address <i>Rider, Md</i>
Accident or Suicide? <i>✓</i>	

Carroll Chapel Cms.  
Balt. C. O.

John Brunson  
Towson

Fungible in  
Funding

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

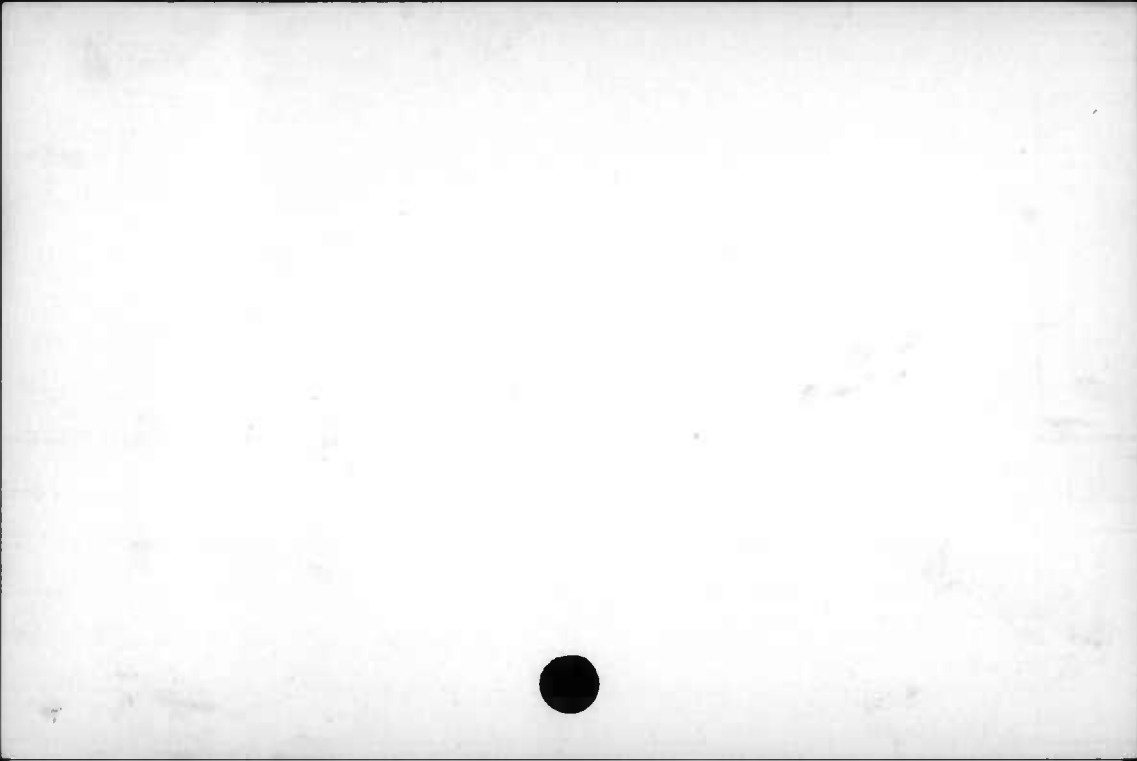
Died at <i>Parkton</i> <i>Baltimore</i> County		MARYLAND			
Date of death <i>1908</i>	Month <i>2</i>	Day <i>21</i>	Age <i>21</i>	Months <i>5</i>	Days <i>14</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John A Rozier</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Fannie Thorough</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John A Rozier</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>2 weeks</i>
Immediate <i>Acute Meningitis</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Bonnie</i>
	Address <i>Parkton Md</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph A. Russell*

Died at *Highland* Town *Baltimore* County *MARYLAND*

Date of death *1908* Month *Feb.* Day *25* Age *2* Years *2* Months *29* Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Single* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *Robert Russell* Father's Birthplace *Baltimore*

Mother's Maiden Name *Emma V. Foulke* Mother's Birthplace *Baltimore*

Name of person giving information *Robert Russell* How related to deceased *Father*

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary *convulsion* How long *12 hrs*

Immediate *-* How long *.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. J. A. Lequitz*

*J* Address *3241 Eastern Ave.*

Accident or Suicide? *.*

Oak Lawn Conn

2-28-19

H Sander Lons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

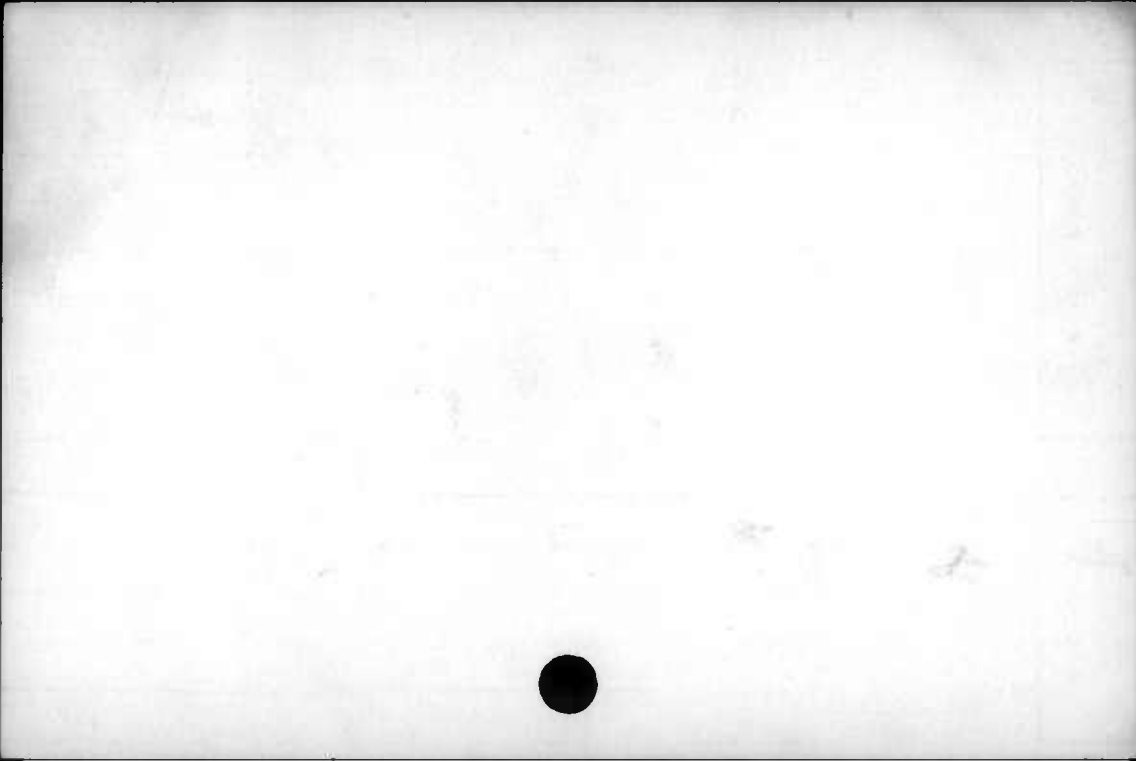
Name in Full <i>Mary Jane Sapp</i>		Town <i>Lauraville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Lauraville</i>		Month <i>Feb</i>		Day <i>19</i>		Years <i>88</i>	
Date of death <i>1908</i>		Months <i>4</i>		Days <i>13</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Daniel O Sapp</i>					
Father's Name <i>John H Pennungton</i>		Father's Birthplace <i>Occil County Md</i>					
Mother's Maiden Name <i>Mary St Voland</i>		Mother's Birthplace <i>Körnt Co Md</i>					
Name of person giving information <i>Henry Barbour</i>		How related to deceased <i>Son in law</i>					

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i></i>
Immediate <i>Cerebral Haemorrhage</i>	How long <i>Seven days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edwin Gallmuth Darling</i>
	Address <i>Lauraville Md</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

Rosella Savage

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Potomac River <sup>County</sup> Balto

**MARYLAND**

Date of death 1908 <sup>Month</sup> 2 <sup>Day</sup> 13 <sup>Age</sup> 31 <sup>Years</sup> <sup>Months</sup> 9 <sup>Days</sup>

Sex Female <sup>Color or Race</sup> colored <sup>Birth-place</sup> Ind

Occupation None <sup>Where Residing if not at place of death</sup>

Married, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband

Edw Savage

Father's  
Name

John H. Agle

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Mary Brooks

Mother's  
Birthplace

Ind

Name of person giving  
In formation

John H. Agle

How related  
to deceased

Father

## CAUSES OF DEATH

27

Primary

Tuberculosis of Lungs

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

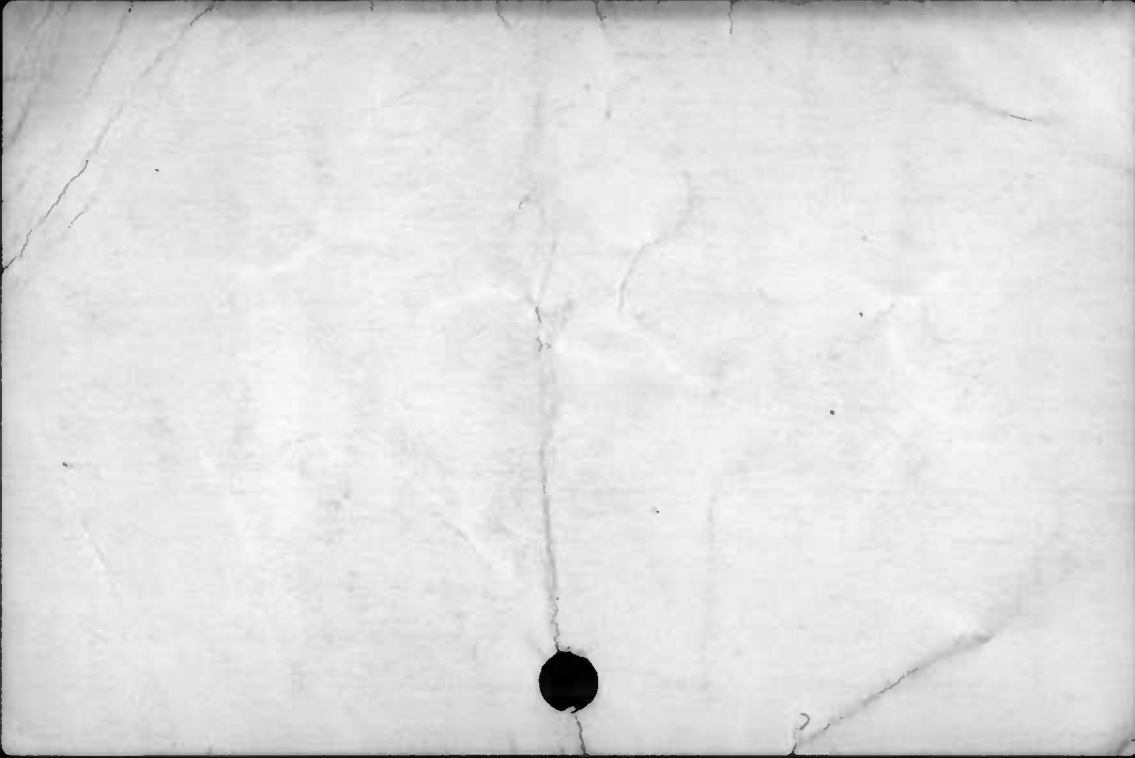
Signature of  
Physician

J. B. Hall

Address

1017 Main Ave

Accident or Suicide?



Name  
in  
Full

Edward Scherr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ellicott City, Md</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Simon Scherr</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Minnie Flax</i>		Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Simon Scherr</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>2 days</i>
Immediate <i>Apnea</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B Gambrell</i>
	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>H</i>	

911 Lawn St.

Easton Boro.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>Monday</i>	Age <i>63</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband <i>Don't Know</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Records Int Hope</i>		How related to deceased <i>not at all</i>					

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary <i>Chronic mania</i>	How long <i>3 or 4 yrs</i>
Immediate <i>Toxemia (auto)</i>	How long <i>3 or 4 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Int Hope Retreat</i>
Accident or Suicide?	



Name

in  
Full

Geo. Elmer Schluderberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highland <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> Feb. <sup>Day</sup> 12th <sup>Age</sup> 1 yr. 10 mo. <sup>Years</sup> 10 <sup>Months</sup> 19 <sup>Days</sup>

Sex Male Color or Race White Birth-place Buck Co.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —Father's Name George SchluderbergFather's Birthplace Buck Co.Mother's Maiden Name Maggie MaaschMother's Birthplace "Name of person giving information Mrs. SchluderbergHow related to deceased mother

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONERPrimary Inherited heart developmentHow long lifeImmediate Acute BronchitisHow long Five days

Are the name, age, sex, color, date and place correctly given above?

YesSignature of Physician E. B. Milton M.D.Address 1711 E. Pratt St.Accident or Suicide? I

Oak Lawn Conn

Feb. 14/08

H. Sander & Son



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph F. Schmidt</i>		Town <i>Snow Hill Farm. Glyndon</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Snow Hill Farm. Glyndon</i>		Date of death <i>1908</i>		Month <i>2</i>		Day <i>12</i>	
Age <i>39</i>		Years <i>39</i>		Months <i>1</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balt. Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Snow Hill Farm. Glyndon</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Schmidt</i>					
Father's Name <i>Christian Schmidt</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie W. Flick</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mrs Catherine Schmidt</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

Accident or Suicide?

John Burns Stone  
Townsor

for Mt. Marie Cemetery  
Buried at Townsor

Name  
In  
Full

Catherine Schwartz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

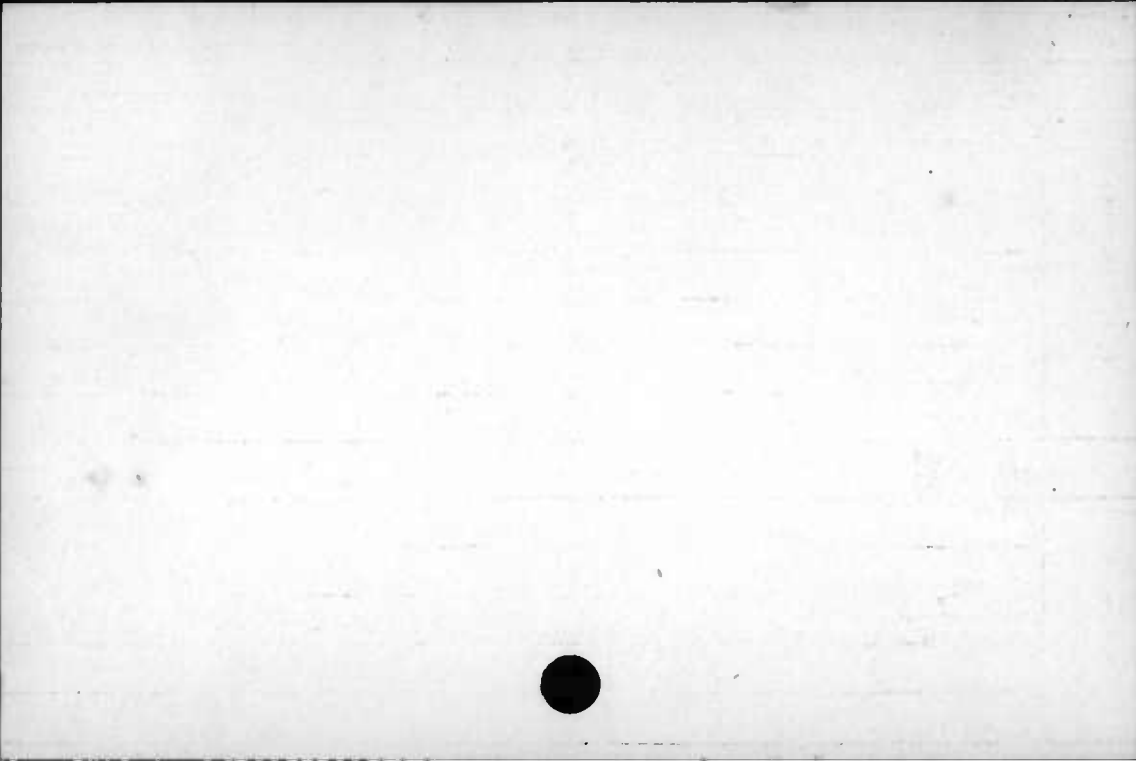
Died at <u>Mt. Hope Retreat</u>		Town <u>Retreat</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1908	Month	7	Day	16	Age	60 (about)
Sex	Female	Color or Race	White	Birth-place	Unknown	Months	Days
Occupation	None	Where Residing if not at place of death		<u>Mt. Hope Retreat</u>			
Married, Single or Widowed	Widow	Name of Wife or Husband		<u>Not Known</u>			
Father's Name	<u>Unknown</u>				Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>				Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Records of House</u>				How related to deceased	<u>None</u>	

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	<u>Dementia Secondary</u>	How long	<u>20 years</u>
Immediate	<u>Ephorin</u>	How long	<u>Indefinite</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Charles E. Hill</u>
		Address	<u>Mt. Hope Retreat</u>
Accident or Suicide?	<u>No</u>		<u>Baltimore</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

Josephine Schwessinger  
Died at *Banesville* Town *Balto* County

MARYLAND

Date of death *1908* Month *Feb* Day *21* Age *73* Years Months *unknown* Days *unknown*Sex *Female* Color or Race *white* Birth-place *Germany*Occupation *Housewife* Where Residing if not at place of death *at place of death*Married, Single or Widowed *widow* Name of Wife or Husband *Felix Schwessinger*Father's Name *John J. Gotschall* Father's Birthplace *Germany*Mother's Maiden Name *unknown* Mother's Birthplace *Germany*Name of person giving information *Mr. John Schwessinger* How related to deceased *Son*

## CAUSES OF DEATH

154

Primary *Senile Debility* How long *unknown*Immediate *Senile Debility* How long *unknown*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *George A. Long, M.D.*Address *Hamilton*Accident or Suicide? *No* *M.D.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Henry Hoeck Sr

1301 E. Eager St.

40

Holy Redeemer Cemetery

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellettsville</i> <sup>Town</sup>		<i>Putto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>26</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Lemuel Showell</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Ind.</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>-</i>	How related to deceased <i>-</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Imbecility</i>	How long <i>Life</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
<i>No.</i>	Address <i>Ellettsville</i>
Accident or Suicide?	

David McLain  
Berlin Md.



Name  
in  
Full

Minnie Martha Holstau Skipper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Calonsville		Baltimore		MARYLAND	
Date of death		1908	Feb	15	Age	21	Months 4 Days 21
Sex		Female		Color or Race		White	
Occupation		Milliner		Birth-place		Nebraska	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Andrew Jackson Skipper		Father's Birthplace		Baltimore	
Mother's Maiden Name		Emma Alice Soule		Mother's Birthplace		Illinois	
Name of person giving information		Emma Alice Skipper		How related to deceased		Mother -	

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever.	How long	5 weeks
Immediate	Sepsis.	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. L. Mattfeldt M.D.	
		Address	
		Baltimore Md	
Accident or Suicide?			



Name  
in  
Full

William Franklin Stembaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Bethland</i>		<sup>County</sup> <i>Bullo</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>7</i>	Age <i>21</i>	Years <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bullo Co</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Bethland</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm Stembaker</i>	Father's Birthplace				
Mother's Maiden Name <i>Katherine Tracy</i>	Mother's Birthplace				
Name of person giving information <i>Joseph Ethert</i>	How related to deceased <i>Brother-in-law</i>				

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Accident</i>	How long <i>Killed instantly by falling chimney</i>
Immediate <i>" "</i>	How long <i>striking him on chest</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Brooks, M.D.</i>
<i>yes</i>	Address <i>Philopolis</i>
Accident or Suicide?	<i>me</i>

Internment at Warren-Corn-

Feb. 9<sup>th</sup> "

Mr. C. Brooks

Name  
in  
Full

Daisy Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

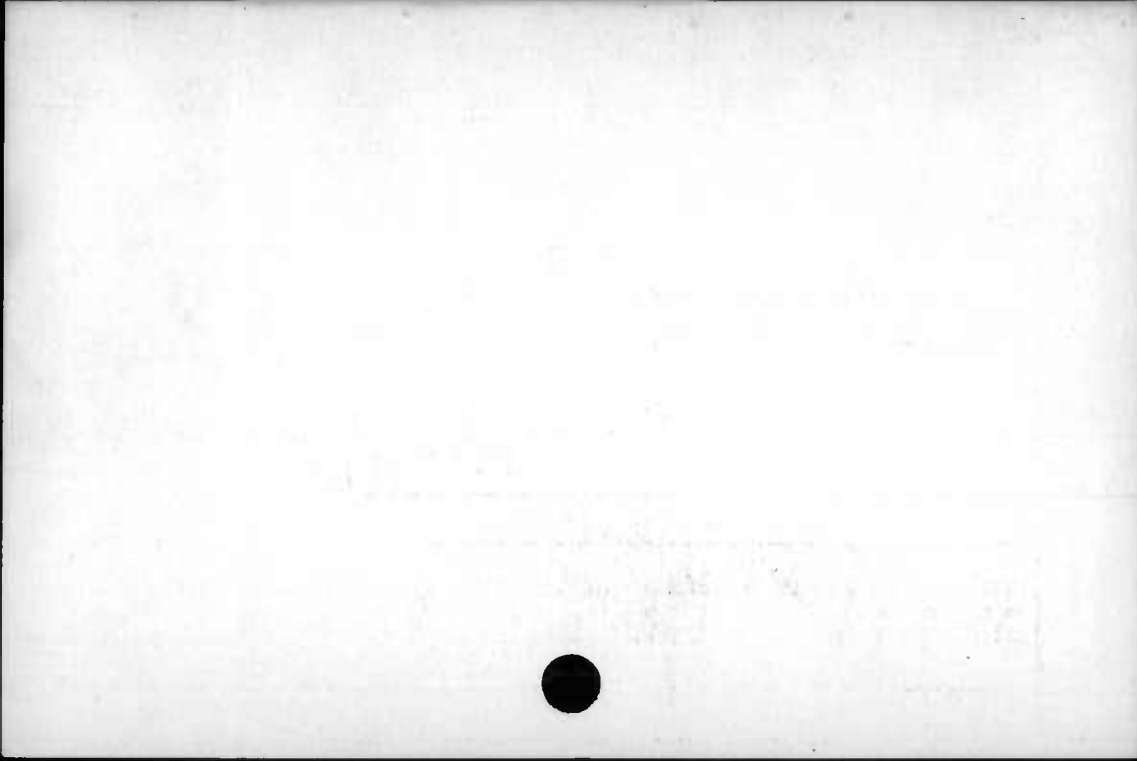
Died at <i>St Agnes Hospital</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>6</i>	Age <i>6</i>	Years <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation —		Where Residing if not at place of death <i>Sabonsville</i>			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name <i>Geo. E. Smith</i>		Father's Birthplace <i>Catonsville Md.</i>			
Mother's Maiden Name <i>Mary Munk</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Geo E Smith</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Penetrating wound; brain</i>	How long <i>3 day &amp;</i>
Immediate	<i>Bacterial meningitis</i>	How long <i>3 day &amp; (2)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Paul Preble</i>
		Address <i>St Agnes Hospital - Baltimore Md.</i>
Accident or Suicide? <i>Accident.</i>		



Name  
in  
Full

James Edward Stansbury

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Gorane* Town*Balto* CountyDate of death *1908 Feb.* Month*7* DayAge *80* Years*5.* Months*14* DaysSex *Male*Color or Race *White*Birth-place *Hillier Rd Balto Co.*Occupation *Insurance Agent*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*

Name of Wife or Husband

*Claway Lerty.*Father's Name *Jacob Stansbury.*Father's Birthplace *Madison Co*Mother's Maiden Name *Miss Margaret Lemon.*Mother's Birthplace *Harford Co.*Name of person giving information *Miss Claway Stansbury.*How related to deceased *Daughter.*

## CAUSES OF DEATH

81

Primary *Hardening of blood vessels*How long. *years.**Stroke - Hemiplegia 1 month ago -*Immediate *Rupture of blood vessel in heart?*How long. *25 minutes.*

Are the name, age, sex, color, data and place correctly given above?

*Yes*

Signature of Physician

*Geo H. Stocking*

Address

*Sta St. City.*

Accident or Suicide?

Interment at Greenmount  
cemetery  
July 10 1908

Stewart & Murren Co  
215 Park Ave



Name  
in  
Full

Annie Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

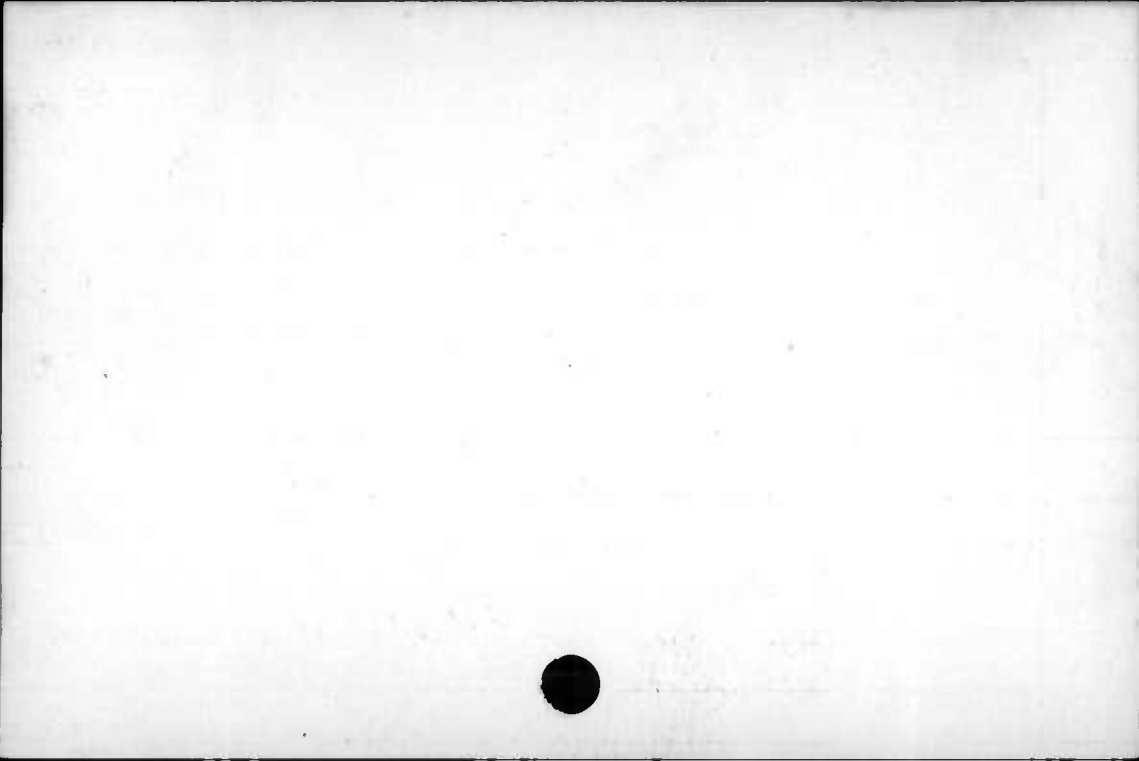
Died at <i>Catonville</i>		County <i>Baltimore C</i>		MARYLAND	
Date of death	1908	Month	July	Day	14
Age	34	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Michigan
Occupation	None	Where Residing if not at place of death <i>Baltimore Md.</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Chas Stewart</i>			
Father's Name	<i>George Reed</i>			Father's Birthplace	<i>N.H.</i>
Mother's Maiden Name	<i>Annie Campbell</i>			Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Mr M K West</i>			How related to deceased	<i>Cousin</i>

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary	<i>Syphilitic Myelitis</i>	How long	<i>Several weeks</i>
Immediate	<i>Asphyxiation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Robert F. Hendry MD</i>	
Address		<i>Catonville Md</i>	
Accident or Suicide?			



Name  
in  
Full

Frank A Strong

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lower Canton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> <sup>Month</sup>	<i>26</i> <sup>Day</sup>	Age <i>2</i> <sup>Years</sup>	<i>51</i> <sup>Months</sup>	<i>21</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>No 3. Fifth Ave</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Wm H. Strong</i>	Father's Birthplace <i>Harford Co Md</i>		Mother's Birthplace <i>Harford Co Md</i>		
Mother's Maiden Name <i>Rebrah. Baldwin</i>	Name of person giving information <i>Wm H. Strong</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

71

OR CORONER

Primary <i>Spasm</i>	How long <i>half hour</i>
Immediate <i>Yes</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
<i>_____</i>	Address <i>1500 Highland Ave</i>
Accident or Suicide? <i>_____</i>	<i>Baltimore County Md</i>

Oak Lawn Cemetery,  
Feb. 28<sup>th</sup> 1908

H. SANDER & SONS,  
1708-1710 Canton Avenue,  
S. E. Cor. Broadway & Baltimore St.

Name  
In  
Full

Daniel J. Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

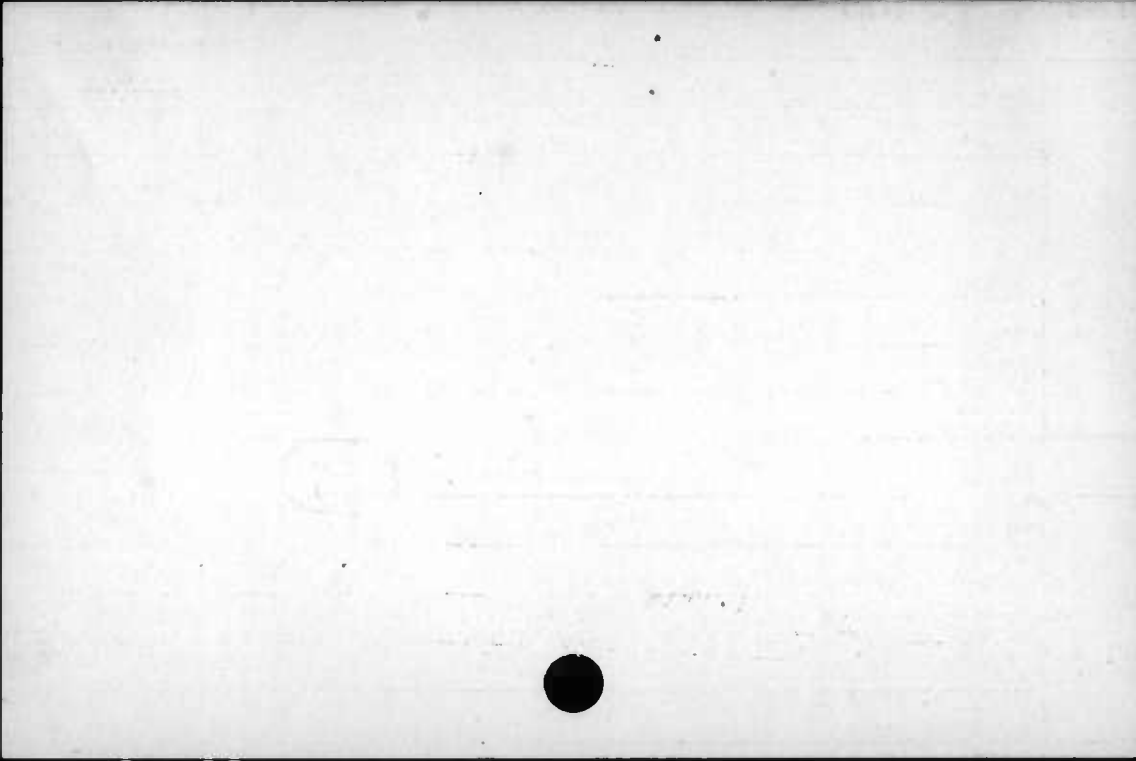
Died at <u>MT Hope</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>Feb</u> <sup>Month</sup>	<u>26</u> <sup>Day</sup>	Age <u>31</u> <sup>Years</sup>	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Bloomshury Pa</u>
Occupation	<u>Priest</u>		Where Residing if not at place of death	<u>Lancaster Pa</u>	
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name		<u>not known</u>		Father's Birthplace	<u>unknown</u>
Mother's Maiden Name		<u>1 1 1</u>		Mother's Birthplace	<u>unknown</u>
Name of person giving information		<u>Reeds Mt Hope</u>		How related to deceased	<u>not at all</u>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Mania</u>	How long	<u>One Year</u>
Immediate	<u>Tuberculosis</u>	How long	<u>over One Year</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	
		<u>E. B. Benson M.D.</u>	
		Address	
		<u>Sta E. Md.</u>	
Accident or Suicide? <u>No</u>		<u>Baths</u>	



Name in Full		(Thomas) Mary C.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leatonsville		Baltimore		MARYLAND	
	Date of death	1908	Feb	20	Age	64	Months Days
	Sex	Female		Color or Race	white		
	Occupation	None		Where Residing if not at place of death	X		
	Married, Single or Widowed	Single		Name of Wife or Husband	X		
	Father's Name	Philip Thomas			Father's Birthplace	Ind.	
	Mother's Maiden Name	Wick			Mother's Birthplace	Ind.	
	Name of person giving information	Eli F. M. Fish part			How related to deceased	Nephew.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">93</div>							
PHYSICIAN OR CORONER	Primary	Terminal Dementia				How long	20 yrs.
	Immediate	Lobar Pneumonia				How long	4 days.
	Are the name, age, sex, color, date and place correctly given above?				Yes.		
	Signature of Physician				Gray Nade		
Address				Leatonsville, Ind.			
Accident or Suicide?				No.			

Jos. B. Cook.  
Mt. Olivet



Name  
in  
Full

Matilda Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i> <sup>Town</sup>		<i>Balto Co</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>February</i>	Day <i>9</i>	Age <i>56</i>	Months <i>unknown</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>St Marys Co Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>William H. Thomas</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eleanor MacKubbin</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Wm H. Thomas</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <i>Paranoia Fantastic</i>	How long <i>12 yrs</i>
<i>Mammary carcinoma</i>	<i>18 mos</i>
Immediate <i>Exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Rush Dutton</i>
	Address <i>S + E. P. Hospital</i>
	<i>Towson, Md</i>
Accident or Suicide? <i>No.</i>	

Remains to be taken to  
Chaplico St Mary Co Mo  
New Jenkins & Sons Co  
funeral directors

Name  
in  
Full

Charles Tichey -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>St. Agnes Hospital</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	2	Day	8
Age		Years	26	Months	—
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Tailor</i>		Birth-place	<i>Vienno -</i>	
Where Residing if not at place of death			<i>219 N. Gilman</i>		
Married, Single or Widowed	<i>S</i>		Name of Wife or Husband	—	
Father's Name	<i>Joseph Tichey</i>			Father's Birthplace	<i>Austria</i>
Mother's Maiden Name	<i>Julia Swoboda</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Joseph Tichey Jr</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<i>Epidemic Cerebrospinal Meningitis</i>	How long	<i>6 days</i>
Immediate	<i>Toxemia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Paul Preble</i>
Address		<i>St. Agnes Hospital</i>	
Accident or Suicide?		<i>No -</i>	
		<i>Balto.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Tinkler*

Died at *Reisterstown* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *Feb.* <sup>Day</sup> *24* <sup>Years</sup> *Age 85* <sup>Months</sup> <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Leistershire England.*

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widower* Name of Wife or Husband *of Anna Tinkler*

Father's Name *unknown* Father's Birthplace *England*

Mother's Maiden Name *unknown* Mother's Birthplace *England,*

Name of person giving Information *John Tinkler* How related to deceased *Son.*

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

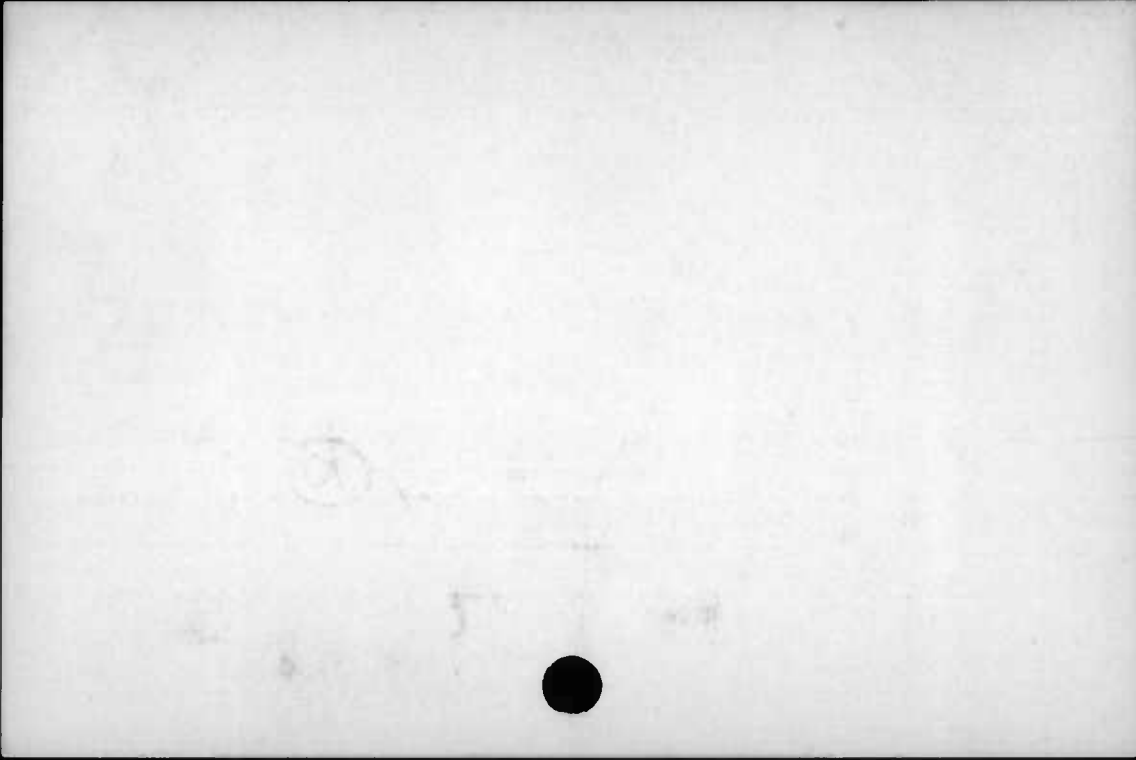
Primary *Senile Debility* How long \_\_\_\_\_

Immediate *Grippe & Diarrhoea & Heart Failure* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Ys* Signature of Physician *J. R. R. Price*

Address *Glyndon Ma*

Accident or Suicide? *X*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>J. P. Tomaszewski</b>		Town <b>Highlandtown</b>		County <b>Balto.</b>		MARYLAND	
Died at							
Date of death	1908	Month <b>Feb.</b>	Day <b>18</b>	Age <b>20</b>	Years	Months <b>6</b>	Days
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Germany</b>				
Occupation <b>Clerk</b>	Where Residing if not at place of death <b>212 Fair Ave.</b>						
Married, Single or Widowed <b>S.</b>	Name of Wife or Husband <b>—</b>						
Father's Name <b>Stanislaw Tomaszewski</b>	Father's Birthplace <b>Germany</b>						
Mother's Maiden Name <b>Agnes Prus</b>	Mother's Birthplace <b>"</b>						
Name of person giving information <b>Father</b>	How related to deceased <b>Father</b>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <b>Acute Tuberculosis</b>	How long <b>abt 1 month</b>
Immediate <b>Exhaustion &amp; Toxin</b>	How long <b>weeks</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>A. M. Wright</b>
	Address <b>Centra &amp; Dille Sts</b>
Accident or Suicide?	

Wendell Duffell & Son

330 S. Bond St.

Saint Stanislaus  
Cemetery -

Feb. 22/1908

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Name  
in  
Full

Emma L. Torrey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>6</i>	Age <i>65</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Woodlawn Balto Co Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Otto Torrey</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Kaugeler</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Mr J. H. M. Kieger</i>	How related to deceased <i>-</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease - Myocardium</i>	How long <i>Some hours</i>
Immediate <i>Angina Pectoris -</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Hampson Jones</i>
	Address <i>2529 St. Paul St. Baltimore</i>
Accident or Suicide?	

Jos. B. Cook.  
London Park.

Name in Full		Certificate of Death			
Nettie Tregger		Town Banton		County Baltimore	
Died at		Month Feb		Days 9	
Date of death		Years 1908		Months —	
Sex Female		Color or Race White		Birth-place Balto Co.	
Occupation None		Where Residing if not at place of death 1st Ave near 16th St			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Freelin Tregger		Father's Birthplace Va			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Freelin Tregger		How related to deceased Father			
CAUSES OF DEATH					
Primary Marasmus,		How long 3 mo.			
Immediate Intermittent fever.		How long Several wks.			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address W. C. McClanahan M.D.			
Accident or Suicide?					

1<sup>st</sup> German Cem

Feb 11<sup>th</sup> 1908

St Nicolaus & Son

1820 Canton Ave

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Pietro Virigolo (906)

Died at Bay View Baltimore County MARYLAND

Date of death 1908 Feb 9 Day 25 Age 25 Years Months Days

Sex Male Color or Race White Birth-place Italy

Occupation Labour Where Residing if not at place of death 446 Falls road

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Don't Know Father's Birthplace Unknown

Mother's Maiden Name Don't Know Mother's Birthplace Unknown

Name of person giving information Barry & Ault How related to deceased None

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary Peritonitis How long 2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

David A. Thompson

1600 Highland Ave

Baltimore County Md

Accident or Suicide?

A. F. Sullivan

1711 Ind. Ave.

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Holy Cross Cemetery.

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Feb. 11/08.

---

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Retreat* <sup>Town</sup>*Balt* <sup>County</sup>Date of death *17 90*Month *Feb*Day *Friday*Age *24*

Years

Months

Days

Sex *Female*Color or  
Race *White*Birth-  
place *Balt*Occupation *none*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *Not Known*Father's  
Birthplace *Baltimore*Mother's  
Maiden Name *" "*Mother's  
Birthplace *Baltimore*Name of person giving  
informationHow related  
to deceased *Not at all*

## CAUSES OF DEATH

69

Primary

*Status Epilepticus* *Epilepsy*

How long

*From childhood*

Immediate

How long

*a few hrs -*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Frank J. Hammerman D*

Address

*Mt Hope Retreat  
Balt., M.D.*

Accident or Suicide?





Name  
in  
Full

John A Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sudbrook farm</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>2</i>	Day	<i>3</i>	Age	<i>73</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Gardener</i>		Where Residing if not at place of death <i>—</i>					
Married, single or Widowed <i>—</i>		Name of Wife or Husband <i>Bridget Crogan</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Wm Coss</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La-Grippe</i>	How long <i>one week</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Chris Naylor</i>
	Address <i>Pikeville</i>
Accident or Suicide? <i>—</i>	<i>Me</i>

0170/10/16  
Feb 1908

Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Mt Carmel Cemetery  
Christian Miller  
2334 Jefferson St  
21/05.

Name  
in  
Full

Helena West

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sparrow's Pt.* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1908 Feb 17* <sup>Month</sup> <sup>Day</sup> Age *17* <sup>Years</sup> Months *8* Days *12*

Sex *Female* Color or Race *Col.* Birth-place *Va.*

Occupation *none* Where Residing if not at place of death *Sparrow's Pt.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Malachi West* Father's Birthplace *Va.*

Mother's Maiden Name *Louise Patella* Mother's Birthplace *Va.*

Name of person giving information *Malachi West* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis Pulmonaris* How long *2 months & 20 days*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. K. Pettican M.D.* Address *Sparrow's Pt. Md.*

Accident or Suicide? *—*



Name  
in  
Full

Annie M. White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Glyndon</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>Feb.</i>	Day <i>first</i>	Age <i>70</i>	Years	Months <i>one</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>England</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Glyndon</i>				
Married, <del>Single</del> <i>as Wife</i>			Name of Wife or Husband <i>John W. White</i>				
Father's Name <i>Mrs. Dew</i>			Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Anny Miller</i>			Mother's Birthplace <i>England</i>				
Name of person giving information <i>J. W. White</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>one week</i>
Immediate	<i>same</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. W. White, M.D.</i>	
Address		<i>Glyndon Md.</i>	
Accident or Suicide?			

To be Buried at Mt Olivet  
Cemetery  
Baltimore



Name  
in  
Full

Thomas J. Wilcox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Gorans Town

County

Balto

Date of death 1908

Month

Feb

Day

21

Years

Age

73

Months

Days

Sex maleColor or  
RaceWhiteBirth-  
placeMaryland

Occupation

RetiredWhere Residing if not  
at place of deathGoransMarried, Single  
or WidowedMarriedName of Wife or  
HusbandMatilda J. WilcoxFather's  
NameUnknownFather's  
BirthplaceUnknownMother's  
Maiden NameUnknownMother's  
BirthplaceUnknownName of person giving  
In formationMatilda J. WilcoxHow related  
to deceasedWife

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary

Arteriosclerosis & Chronic Interstitial Nephritis

How long

5 years

Immediate

Chronic uremia & Cardiac Stimulation

How long

Two weeksAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianH. S. Beck

Address

214 E. Preston St.  
Balto. - Md.

Accident or Suicide?

—

Balto cemetery  
Feb. 21/908.

Wm Cooke

(507 E North St)

Name  
in  
Full

Emma Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Phoenix</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>55</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Williams</i>				
Father's Name <i>William Brookhart</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mary Ann French</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>George Williams</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>10 years</i>
Immediate <i>Pneumonia &amp; <sup>congestion</sup> hypertrophy</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. M. Brown</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>-</i>	

Funeral at Poppleton  
on Sunday March 1<sup>st</sup>

H. C. Brooks

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John J. S. Williams

Town

Chase

County

Barto

MARYLAND

Died at

Date

of death 1908

Month

July

Day

16

Years

3

Age

Months

2

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

—

Where Residing if not  
at place of death

as home

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles Williams

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah Graham

Mother's  
Birthplace

Md

Name of person giving  
In formation

Charles Williams

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

3 weeks

Immediate

—

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

C. V. Vance

Address

Crossville

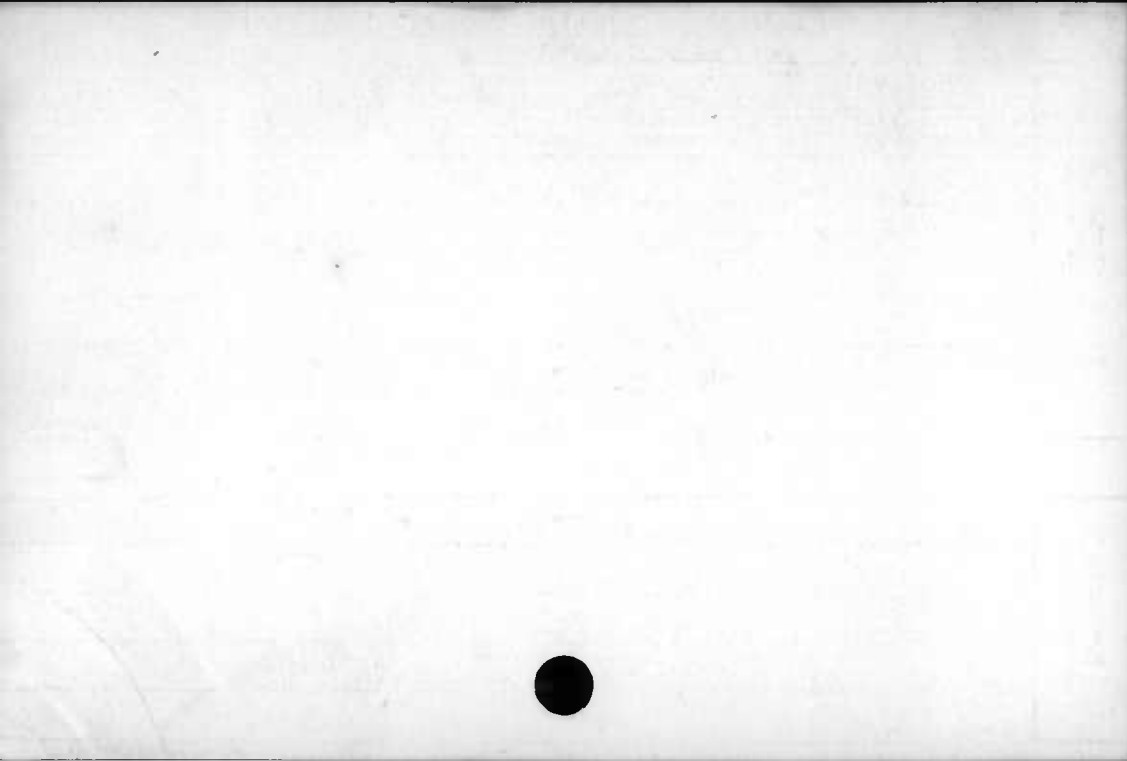
Accident or Suicide?

accident

Md

PHYSICIAN  
OR CORONER

I



Name  
in  
Full

Lillie Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Musmers</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>18</i>	Age <i>29</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>N.C.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Turner Station</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Williams</i>				
Father's Name <i>Harry Hughes</i>	Father's Birthplace <i>N.C.</i>				
Mother's Maiden Name <i>Lillie Hughes</i>	Mother's Birthplace <i>N.C.</i>				
Name of person giving information <i>Henry Williams</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jac L. Truaxman</i>
	Address <i>3 x Gough</i>
Accident or Suicide? <i>No</i>	<i>Styler and Town Med</i>

Wm. J. B. Jackson,  
1421 Mulliken St.

Asbury Cemetery.

Feb. 21<sup>st</sup>. /08.

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Name  
in  
Full

Marie Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb.	29	5		-1	-17
Sex	Female		Color or Race	Col.		Birth-place	Sparrow's Pt.
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name	Luther Wilson					Father's Birthplace	Va.
Mother's Maiden Name	Virginia Davenport					Mother's Birthplace	Va.
Name of person giving information	Luther Wilson					How related to deceased	Father

## CAUSES OF DEATH

How long

24 hours

How long

6 hours

Primary

Diphtheria

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. K. Peltekian M.D.

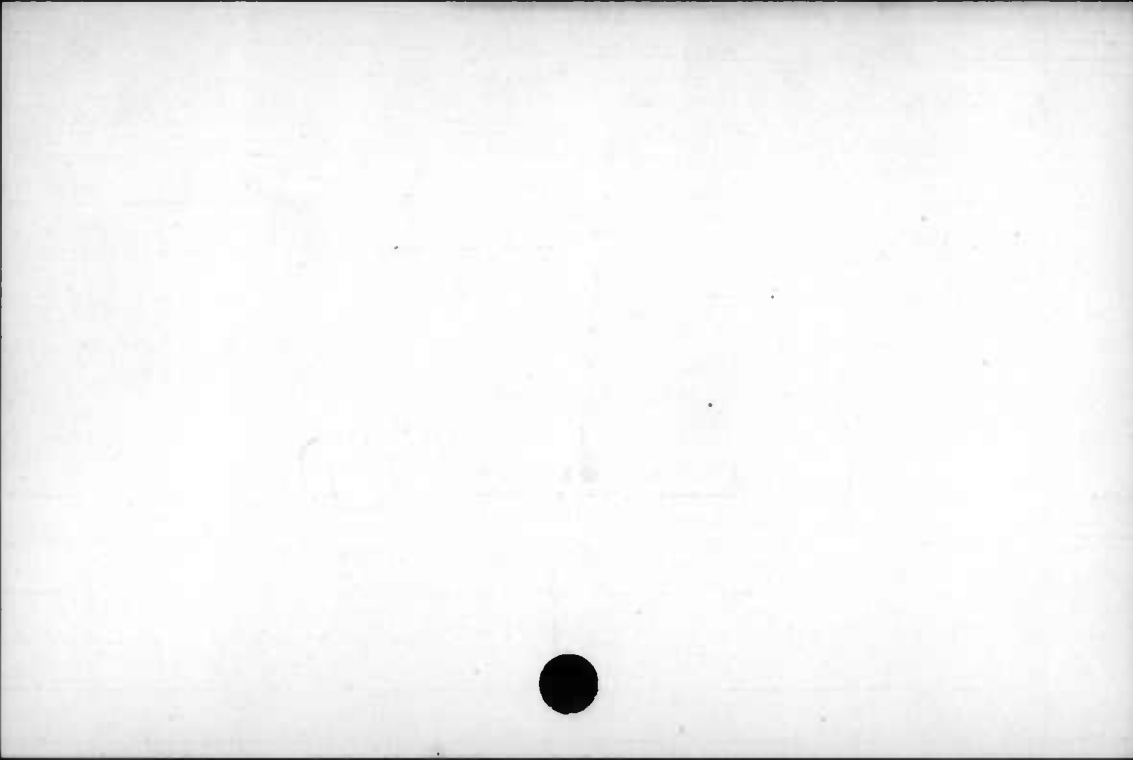
Sparrow's Point  
Md.

Accident or Suicide?

no -

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

Mildred A. Hinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

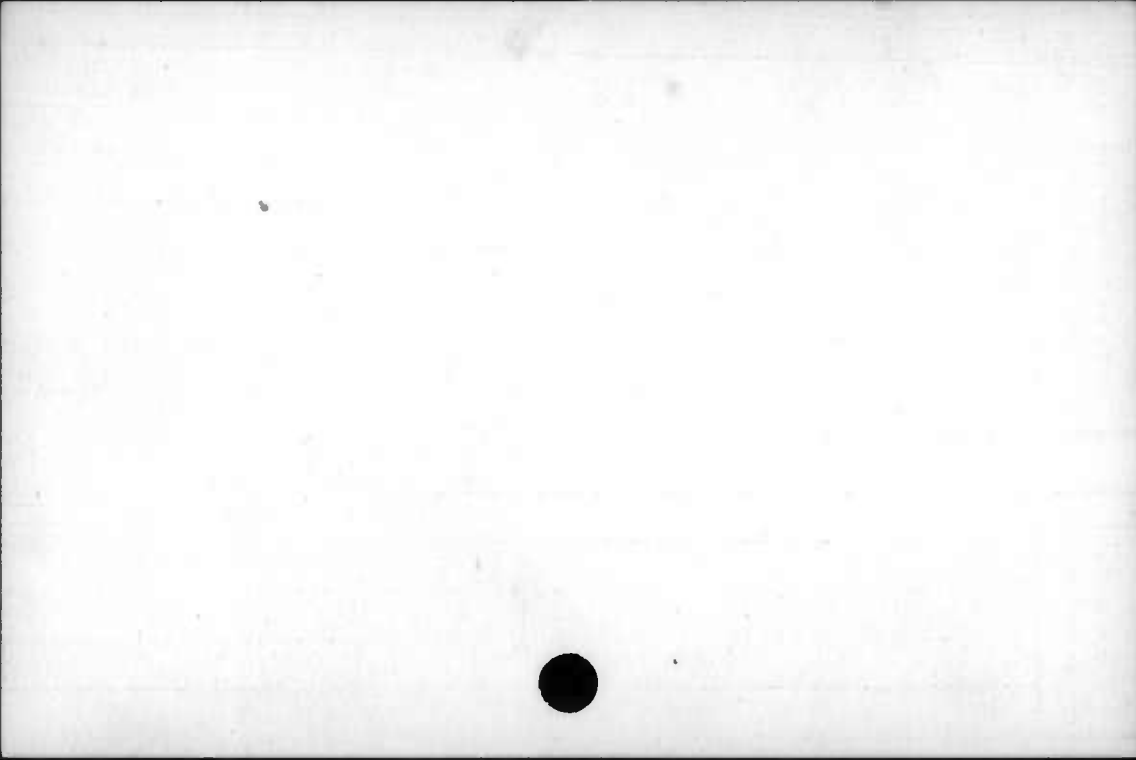
Died at <u>Fork</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>Feb.</u> <sup>Month</sup>	<u>21</u> <sup>Day</sup>	Age	<u>8</u> <sup>Months</sup> <u>21</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Balto Co</u>
Occupation	<u></u>			Where Residing if not at place of death	<u>Fork Md</u>
Married, Single or Widowed		Name of wife or Husband			
Father's Name		<u>William Hinson</u>		Father's Birthplace	<u>Balto Co</u>
Mother's Maiden Name		<u>Miss Laura Stines</u>		Mother's Birthplace	<u>Cabhill Md</u>
Name of person giving Information		<u>Forster</u>		How related to deceased	<u>Father</u>

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<u>Grippe</u>	How long	<u>10 days</u>
Immediate	<u>Cerebro spinal Meningitis</u>	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. S. Green</u>	
Address		<u>Gittings</u> <u>Md.</u>	
Accident or Suicide?		<u></u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lebanonville</i>		County <i>Butte</i>		MARYLAND	
Date of death		1908	Month <i>Feb</i>	Day <i>6</i>	Age <i>63</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>unk</i>				Father's Birthplace <i>unk.</i>			
Mother's Maiden Name <i>unk.</i>				Mother's Birthplace <i>unk.</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Dementia Terminal</i>	How long	<i>15 yrs.</i>
Immediate	<i>Chronic Bright's Disease</i>	How long	<i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J Percy Nade</i>	
		Address <i>Lebanonville, Ind</i>	
Accident or Suicide? <i>No</i>			

Jos. Shintick  
Cider Hill. ~~Chambers~~ Co.

21